MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B-6

09981

CERTIFICATE OF DEATH

. Dist. No. 139

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infante give residence of mother)		
City or town State Sana torium, Mary land (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 3/22/45	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital Institution, or street address where death occurred:	Sireet No. 4005 Fernhill Ave.		
Maryland Tuberculosis Sanatorium	Street No. TOTALLEL AVE.		
How long In hospital or Institution? Since 3/22/45	2.(a) tt veteran, name war.		
3.(a) FULL NAME	3. (b) Social Security Number		
James L. Amlin			
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH October 23 19 46 ,at 2:03Pm		
6.(b) Name of Marie Leona Amlin	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 22 19. 45, to Oct. 23		
7. Birth date of Table 2 7. South date of Tabl	and that I last saw h im alive on October 23 19 46		
deceased (mo., day, yr.) July 16, 1904	Immediais cause of death		
8. AGE: Years Months Days If less than one day 7hrsmin.	Pulmonary Tuberculosis 20 Mos.		
Marietta, Ohio	MAK Bilateral Choroiditis,		
S. Birthplace	probably tuberculous 10 Mose		
Wamia kha Ohia	. Other conditions		
13. Birthplace Marietta, Onio 14. Malden name Sarah Finch 15. Birthplace Marietta, Ohio 16. Informant Deceased	(Include pregnancy within 3 months of death)		
Morriette Obio	Major findings of operations.		
El 15. Birthplace Walled da, Ollio	Date of op.		
16. Informant. Deceased	Actopsy results		
Address			
Burial Date thereot 10/26/46 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide		
	Where did injury occur?		
Transportation to: Location Marietta, Ohio			
Location Marletta, Unio	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director W. J. Tickner & Sons	Msans of Injury Injured at work?		
Address North & Penna Ave. , Baltimore, Md.	or sometime V. D. Dry		
19. (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. M. D		
[] (Date rac o by registrar) " Registrar	Address		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimere (55-2)

CERTIFICATE OF DEATH

131 Reg. Dist. No......

1. PLACE OF DE	EATH:			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
Frederick-Rural		State Maryland Cou				
			RURAL and give nearest town)	Frederi ek		
Howlong In above place	ce ot death?			(If outside city or town limit	s, write RURAL and give ne	arest town)
77	or street address where	- 3 - 7		Street No. 433 South Mar	*************************************	
/5	Si	nce Oc	tober 5, 1946	2.(2) If veteran, name war None	LOCATION	
			•••••••••••••••••••••••••••••••••••••••	Z.(2) It veteran, name war		
3. (a) FULL NAM		TONA T	CELLINIT		3. (b) Social Security None	Number
	RHODA :		e. married, widowed, or divorced			
4. Sex		6.(4)3 <u>IDR</u>			ERTIFICATION	
F	W		W	20. DATE OF DEATH October	13th 19 46	11:35A
6.(¿) Name of husban	Sam	uel Ba	ugher	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended dec	eased from
G.(C) Rame of Bussen	g 01-4#116	e /	a) If all up relucings	00+ 1 19	46 10 Oct. 1	3 19.4
7. Birth date of	Mav	6, 18	c) If allye, give ageyears	and that I last saw he alive on	28 , /3	19. 46
8. AGE: Yea	, ,,,,	Days	If less than one day	Immediate cause of death		
8. AGE: 7		77	hrs. min.	Carcinomatosis,	abdomen	lyear
		•		700	a dobosul	
9. BirthplaceJO	nnsville	-FI'6U6	rick-Maryland	Due to (Trimary Source	e undetermin	
10. Usual occupation	At Ho	me			***************************************	***************************************
	h ««»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»	*************************		Oue to		***************************************
11. Industry or busing	ohn Fox			***************************************		***
12. Name	Fraderic	k Cour	ty Maryland	Other conditions	***************************************	
				(Include pregnancy within 8	months of death)	14*
E 14. Malden nam	Sarah	perage	erger	Major fisdings of operations		*****************************
2 15. Birthplace	Frederic	k Cour	erger ity Maryland			
16. informant	Oscar Ba	ugher		Antopsy results	***************************************	
433	S. Mark	et St.	,Frederick, Md	PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.
Buria	3			22. VIOLENCE: If death was due to external car	uses, fill in the tollowing;	
(Burial, crematic	on, or removel. Which	Oate the	reof 10/16/46 (month) (day) (year)	Accident, suicide, or homicide	Bate ot	
Cemetery or erema	Glade	Cemet	ery	Where did injury occur?(City or town)	(County)	(State)
	Walke	rsvill	le, Maryland	Injured at home, farm, industry, public place (w		
Location	MP		son and Son	Means of Injury	Injured at work?	
18. Funeral director.					7/ 2	
Address	rede	rick,	Maryland	- 23. SIGNATURE Servard	lumas fr	M. D.
15-00	19.74.6	66	is abeth & Heck	ZJ. SIGNATURE	M. D.	or other
(Date rec'd by	registrar)		Registrar	Address Frederick, Mar	'YLand Date signed	10-14-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

A15



(month) (day) (year)

Registrar

Address.

2411 N. Charles St., Baltimore 83-0

E OF DEATH

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WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, '

MARGIN RESERVED FOR BINDING

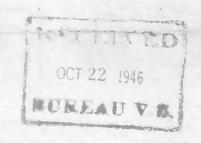
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18. Funeral director. Address

21-Qd (Date rec'd by registrar)

	CERTIFICAT
County	ederife
(If outside city or town	points, write BURAL and give nearest town)
	atrick Street
How long in hospital or institution?	
3. (a) FULL NAME	ebert J. H. B
4. Sex 5. Color or race	6.(a)Single, married, wildowed, or dirocced Aidowed
6.(b) Name of the Blasses of wife Blasses	schem. klem Beall S.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)	gust 17-1869
8. AGE: Years Months	Days It less than one daymin.
9. Birthpiace Frederic	
10. Usual occupation	merchant

2. USUAL RESIDENCE (HOME) O	F DECEASED:
State many land Co	unty Frederick
City or town(If outside city or town limit	s, write RURAL and give nearcest town)
Street No. 308 7. 6	atrick St.
2.(a) If veteran, name war.	LOCATION)
	3. (b) Social Security Number
eall	none
MEDICAL C	ERTIFICATION
20, DATE OF DEATH.	19- 1146 110:30 P.
21. I CERTIFY that death occurred op the date ab	1
	1. 6 0 0 7 17 11 8
Immediate cause of death	T S DE L S GURATION
Immediate canto of death	2 2 2
Jonay De	may p
Due to	wins took
	of gear
Due to	
Other conditions	
(Include pregnancy within 3	months of death)
Major fiadings of operations	
	Date of op.
Autopsy results	
22. VIOLENCE: If death was due to external ca	uses, till in the tollowing;
Accident, suicide, or homicide	
Where did injury occur?(City or town)	(County) (Stato)
Injured at home, farm, Industry, public place (v	
Means of Injury	Injured at work?
tranh	H- Hear
23. SIGNATURE	M. D or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09984

Reg. Diat. No. 141

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn to fants give residence of mother)
County Frederick Charles Brunswick	State Maryland County Frederick
(If outside city or town limits, write RURAL and give nearest town)	Brunsmink
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
7 Maple Ave.	Street No. 7 N. Maple Ave. (If rural, sive LOCATION)
How long In hospital or instilution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Leo Joseph Bowle	v. 718149735
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Sinole	20, DATE OF DEATH DEX 17 1946 of 10 8 M
	21. I CERTISE that death occurred on line date above stated; that I atlended accessed from
8.(b) Name of husband or wife	July 20 1046 10 Det 17 1146
7. Birth dale of	and that I last saw h. Macalive on Cock 16 18 1/6
deceased (mo., day, yr.)	Immediate cause uf death
0. Aug. 11 0 11 E	Pallingues of last
	Colon
9. Birthplac Brunswick, Fred. Co. Md.	
10. Usual occupation Railroad Conductor	Bus la
11. Industry or business Washington Terminal Co.	JUE 10
12. Name Tames L. Bory ler 13. Birthplace Duffields Tef. Co. W. Va.	Diher conditions
3. Birthplace Duffields, Tef. Co. W. Va.	(Include pregnancy within 3 months of death)
14. Maidon name. Margaret Kain. 15. Birthplace Harpers Ferry Jef. Co. M. Ka	Follessone . a.s.
15. Birtholace Harper's Ferry Jef. Con. 16	Major findings of aperations. Bate of op Act 6/9/6
16 Informan Mrs. C. W. Rav.	Autopsy results.
Address] N. Maple Ave, Brunswick, Md	PHYSICIAN: Please underline the cause to which death should be charged atatistically.
Rusial Det 19 1944	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide Date of
Cemetery or complete St. Peters Catholic	Where did injury occur?
Location Bolivar Jet Ca W. Va	Injured at home, farm, industry, public place (where?)
18. Funeral director. Cook J. Brilland	Means of Injury Injured al work?
Address 320 W Potomac St. Brunswick, Md.	Set Level 40
AUDIEST AND THE PROPERTY OF TH	23. SIGNATURE M. D. or other
(Date ree'd by registrar) (Date ree'd by registrar) Registrar	Address Bate signed 10 - 18 - 44

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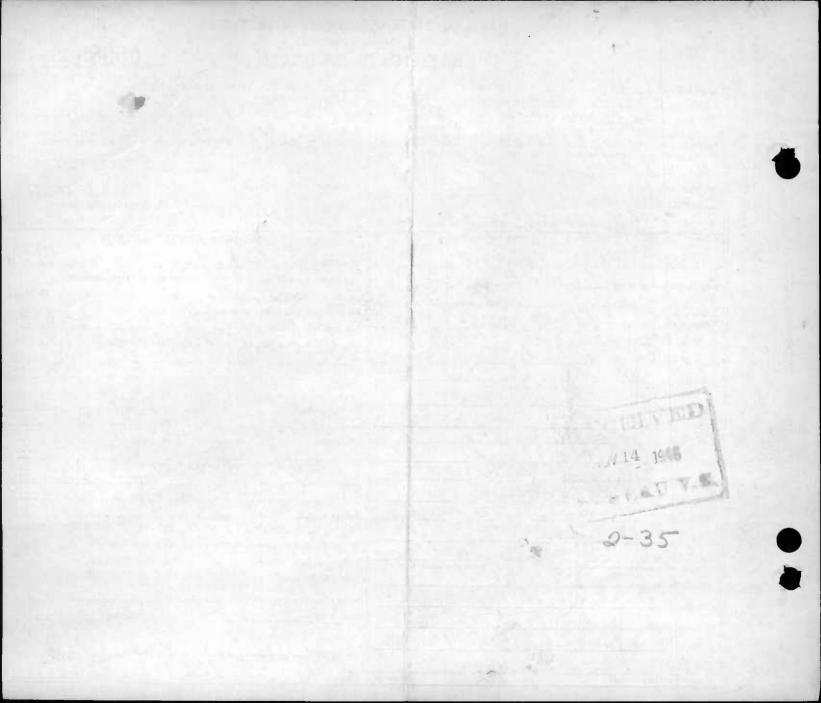
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Rog. Dist. No. 938

1. PLACE OF DEATH: Trederick County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary County Frederick City or town (if outside city or town limits, write RURAL and give searest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
How long in hospital or institution?	3.(b) Social Security Number
George William Bruche	9. 2/9-/2-/45/
4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Married	20. DATE OF DEATH 0 Q + 4 19.46 , 21 3 12 M
6.(b) Name of husband or wife Carrie Bruckey 6.(c) If alive, give age 50 years 7. Birth date of 1. L. 4. 9.0. 1. 8. 9.6	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.6
deceased (mo., day, yr.) Seft. 20, 1896	Immediate cause of death
8. AGE: Years Months Days If less than one day 30 0 14hrsmin.	Coronary Thrombous I hour
9. Birthplace (Town, county, and state)	Due to
10. Usuai occupation	Due to
11. Industry or business	
12. Name Howard Bruchey	Other conditions
13. Birthplace Maryland.	(Include pregnancy within 3 months of death)
14. Maidon name Minned Rickets.	Major findings of operations.
15. Birthplace Maryland.	Dale of op.
16. Informant Carrie Bruchey Wife	Antoney ramite North
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Monrouia Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burial (Burial segmation or removal Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or orangeon Mount alivet	Where did injury occur? (City or town) (County) (State)
Fridanial Md.	Injured at home, farm, industry, public place (where?)
	Means of tajury Injured at work?
18. Funeral director. W. 8. Falconer.	B 1. 10 00 10
Address New Market Md,	23. SIGNATURE
19. Oct 7 (Date ree'd by registrar) 19.4.6 Luceaus K falcones Registrar	Address Alew Market Date signed Bet 7, 1846.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09987

M, D, or other

Date signed LO - 7 . 4

		CERTIFICA	TE OF DEATH Reg. Diat. No. / 380
1. PLACE OF DEATH: County Prederick City or town. New Market (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? 10 Years How long in hospital or institution?			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick
3. (a) FULL NA			3. (b) Social Security Number
	HENRY	OSCAR BURALL	None
4. Sax	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M	W	M	20. DATE OF DEATH 0 4 7 18 46 at 3 P M
6.(b) Name of husbar 7. Birth date of deceased (mo., da	y, yr.) July 2	Angleberger 6.(c) If alive, give age 73 yea 1870	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
8. AGE: Ye 7	ars Months 2	Days If less than one day 11hrsml	Coronary occlusion the
10. Usual occupatio	n(Town, Re	cired	and to
12. Name S 13. Birthplace	amuel Burg	County Maryland anna Fetterling County Maryland	(Include pregnancy within 3 months of death) Major findings of operations
Address	New Market	, Maryland	Actorsy results
Cemelery or crem	atory Centra r New Lond	l Cemetery lon, Maryland	Where did injury occur?
18. Funeral director		chison and Son	Heens of injury Injured at work? The state of the state

Address.

Lucian K. Falcour

VS A15

Address

Out 8 (Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09985

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
3.(a) FULL NAME Edward Cobers	3. (b) Social Security Number 21 5-03-5590
Male Scotor or race 6.(a)Single, married, widowed, or divorced Separated	MEDICAL CERTIFICATION 20. DATE OF DEATH. October 11 1946 21 12:551
6.(b) Name of Authors wife Grace Cobiers 5.(c) It alive, give age 37 years deceased (mo., day, yr.) Dec. 8, 1908	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from September 16 19.46 to Octo 11 19.46 and that I last saw h. im. alive on October 11 18.46
8. AGE: Years Months Days If less than one day 37 10 3 hrsmin.	Pulmonary Tuberculosis 8 Mos.
9. Birthplace Baltimore, Md. (Town, county, and state) Truck Driver 11. Industry or business 12. Name Casmier Cobers 13. Birthplace Lithuania	Tuberculous Meningitis 1 Wk. Due to
14. Malden name Agnes Raliegh 15. Birthplace Lithuania 18. Informant Mrs. Agnes Miller (Sister)	(Include pregnancy within 3 months of death) Major findings of operations
Address 849 Wash.Blvd., Balto., Md. 17. Burial (Buriai, cremation, or removal, Which?) Cemeter XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Location Belair Rd., Baltimore, Md. 18. Funeral director. Joseph Kasinskas Address 602 Wash.Blvd., Balto., Md. 19. (Date rec'd by registrar)	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. XXXX Address State Sana torium. Md. ate signed 10/12/46

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MARYLAND STATE DEPARTMENT OF HEALTH

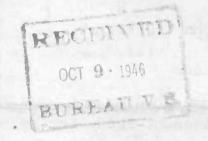
2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

09988

			7	2	7
Reg.	Dist.	No.	1	U	_

1. PLACE OF DEAT	H: Lck	************		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State County Frederick		
City or form. Fred	erick-Ru	nits, write R	URAL and give nearest town)	State Frederick (If outside city or town is		
How long in above place of	death?			(If outside city or town li	imits, write RURAL and give ne	arest town)
Hospital, Institution, or str Emergen	cv Hosp	tal.		Street No. 812 East So	dun Street	
How long in hospital or in			Hours	2.(a) If veteran, name war. None	give LOCATION)	
3.(a) FULL NAME	Stitution r		······································	2.(a) It retorall, liame wal	3. (b) Social Security	N
3. (d) PULL NAME	TI OTT 1	EASE OF	מדוא מדוים		None	Hamber
4. Sex 1.5	ELSIE I		EAUER married, widowed, or divorced	WEDIGH	CERTIFICATION	
1.00%		0.(4)5188				77 000
F	W	1	M	20. DATE OF DEATH Octobe	r 3rd, 1946	TI:SOLW
6.(b) Name of husband or	John	1 W. C	reager	21. I CERTIFY that death occurred on the date		
0.(0) Name of musband as	***************************************	8 (4) If allve, give age 58 years	on 10-3-		
	Unknov	17 1 1	, , , , , , , , , , , , , , , , , , , ,	and that I last saw h. Aalive on		
deceased (mo., day, yr.) 8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	***************************************	DURATION
56?		,	hrs. min.	for for grant	Claren Laca	5000
	Wt Dia		1	Curae V	A DIVINION	D
9. Birthplace NI .	(Town,	county, and a	Frederick-Md.	Due to.	las mil	
10. Usual occupation	At Hor	ne		Waller St.	xurous	>
11. Industry or business				Due to	***************************************	****
	es Light	ner		Ak Office	1134	
12. Name Jame	ederi ck	Count	y Maryland	Diner conditions	•	***************************************
				(Include pregnancy withi	in 3 months of death)	
14. Malden name	11144 (11	0 110	ame unknown)	Major findings of operations	***************************************	************
El 15. Birthplace FT	ederick	Count	y Maryland	••••••	Date of op	
16. Informant Jo	hn W. C	reager	•	Autopsy results		Lanatatan II.
Address R.F.D	.#3, Fre	ederic	ck, Maryland			statistically.
, Burial		Date ther	eof 10/7/46 (month) (day) (year)	22. VIOLENCE: If death was due to externa		
(Burial, cremation, o	removal, Which.			Accident, suicide, or homicide		
Cemetery or exematory.	Mount (TIVET	Cemetery	Where did injury occur?(City or to	wn) (County)	(State)
Location	Freder	ick, 1	Maryland	trjured at home, farm, industry, public plac	e (where?)	
	M. R. 1	Etchi	son and Son	Means of Injury	Injured at work?	
18. Funerat director			Maryland	71 0	B 11	/
Address	10001.	- N		23. SIGNATURE J. J.	dourne DY	M. D.
19.5- Qet.	19. H. b	13	iz deth & Hecle.	Address Frederick, Ma	rvland	1044466
(Date ree'd by regis	trar)		Registrar	Address 1110	Bate signed	



19. 31-QJ (Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Estimore 932 CERTIFICATE OF DEATH

69989

... Date signed 10-31-46

/			CERTIFICAT	E OF DEA	111	Reg. Dist. No	TOT
1. PLACE OF DEA County Fred experience of the county Fred City or town Fred How long in above place of thospital, institution, or s Near Fred How long in hospital or 3. (a) FULL NAME	derick-Rt taside city or town lin of death?	nits, write RU D Year eath occurred:	EAT, and sive negreet town)	Street No. Near	and Cour	Frederic ral R. F. D , write RURAL and give n Ck LOCATION)	#4 earest town)
		AH CAT	HERINE DERR			None	
4. Sex	5. Color or race	6.(a)Single	merried, widowed, or divorced		MEDICAL CE	ERTIFICATION	
F	W		W	20. DATE OF DEATH	October	r 31st, , 46	. 1:30H
8.(b) Name of husband of T. Birth dafe of deceased (mo., day, yr	Decemb		Derr If allve, give ageyears , 1856	21. I CERTIFY that death	occurred on the date abo	ve stated: that I attended de	ceased from
8. AGE: Years 89	Months 10	Days 6	If less than one day	Immediate cause of dea	Lel	otin of	Lema
10. Usual occupation 11. Industry or business 12. Name Geo	At Home	therma		Due fo	eith.		byene
14. Maiden name			on ty Maryland	Major findings of opera	le pregnancy within 3 n		
16. Informant Mi	ss Mary] D.#4. Fre		r k, Maryland	Autupsy results			d statistically.
Burial (Burial, openation,	St Talke	Date fhereo	11/2/46 (month) (day) (year) heran Cemetery	Accident, suicide, or hon		Date of	
	Feagavil.					here?)	
18 Eugaral director	M. R. E	tchiso	n and Son	Meens of Injury		tnjured af work?	
Address	Frederi			23. SIGNATURE	1. 41-1	Kedy m	M. D.
19.31-Qct	19.4 fe	Eli	abeth & Heck		rick. Mary		.10-31-46

Registrar Address.

Frederick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /58

CERTIFICATE OF DEATH



CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County Clevel (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, by street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME A GRAND AND AND AND AND AND AND AND AND AND	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Manual County County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) NONE 3. (b) Social Security Number None
4. Sex Sexall Keete S. (a) Single, mazzied, widewed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH Detables 27 19 46 21 5 A.s.
6.(b) Name of husband or wife	21. I CERTIFY 16th doorh occurred on the date above stated: that Lattender deceased from 18 10 10 19 46 and that I last saw h
8. AGE: Years Months Days II/less than one day O O hrs. min. B. Birthplace Medicula (Town, county, and state) 10. Usual occupation. 11. Industry or business	Due to.
12. Name Margaret Margaret 13. Birthplace Mayre Cornel, West Verguesa 15. Birthplace Wayre Cornel, West Verguesa	(Include pregnancy within 3 months of death) Major findings ol operations
Address Werz Gues Af Media Md 17 Burial (Burial, eremation for removal, Which) Cemetery or cremetory. Mount Olivet Cometery	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
In Frederick, Maryland 18. Funeral director M. R. Etchison and Son Address Frederick, Maryland 19. 2 K - 2 J 19 4 K Registrer (Onto rec'd by registrer) Registrer Registrer	Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE M. D. or other Address Frederick, Maryland Bato stepped 10-28-46

HAMES AN STANISHED BY

2379

RESTAULT FOR STANFARD RESTAURANCE



The same of the same of

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83 2

09991

CERTIFICATE OF DEATH

Reg. Diat. No. 144

1. PLACE OF DE County Fre	derick	dan	miral	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Frederick				
How long in above place	outside city or town iir	oits, write I yeai	RURAL and give nearest town)	County County				earest town)
How long in hospital or	r institution?		***************************************	2.(a) If veteran, name	warNo	***************************************	***************************************	
3. (a) FULL NAM	E	Mary	y Blanche Ecken	rode.		, ,	ocial Security None	Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		MEDICAL CI	ERTIFIC	ATION	
Female	White		Married	2D. DATE DE DEATH	October	8,	1946	9:30P:M
		Eckenrode Jr. c) It alive, give age	21. I CERTIFY that dea	th occurred on the date abo	ve stated; the	at l ettended deci	19.46	
8. AGE: Years	Months	Days 8	If less than one day	Immediate cause of d	ras Here	rrhage		Dulden
9. BirthplaceZO	HOUSE	Penna.	Due to J	al orteri	oscles	Ovie	3-423.	
11. Industry or busines	11			Due to		• • • • • • • • • • • • • • • • • • • •		****
12. Name	Corneli			Other conditions		****************		•••••••••••••••••••••••••••••••••••••••
置 14. Maiden name.	Fannie	Forne	эу		nde pregnancy within 3 r			***
E 15. Birthplace	Thurmor			***************************************			Jate of op	000000000000000000000000000000000000000
To, thiormant	Rocky Ric		nrode. Jr.	Antopsy resnits	anderline the cause to wh	nich death sh	onid he charged	statistically.
17. Bu	rial	Date ther	oot II, 1946 (month) (day) (year) The Brethern	Accident, suicide, or h	ath was due to external cau omicide? (City or town)	************	Date of	
			, Md		industry, public place (wh			
			r & Son	Means of injury		Inju	red at work?	
Address	Thurmont	, M	d.	23. SIDNATURE	was Stran	V	MI	با
19 Oct 12) 1946	. Bla	enche S, Eyler Registrar	Addrage	hermont	·Md.	M.·D.	10/9/4/6

OCT 11 1946

UNFADING INK. Supply every item of information carefully. The correct cant. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

Address W

09992

	OF DEATH	Reg. Dist. No. 13
2.	USUAL RESIDENCE (HON (For newborn infants give resid	ME) OF DECEASED:
-814	or town(If outside city or to	wn limits, write RURAL and give nearest town)
Str	eet No	
11	(If rur	ral, give LOCATION)
11 21	a) If valeran some was	More

Otty or town(If or	utuide eity or town lim	Land B	URAL and give person town			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?						
, and the state of	ottoct dual cos whole de	arly occurred				
How long in hospital or	institution?		•••••••••••••••••••••••••••••••••••••••			
3. (a) FULL NAME	A					
aun	ie pear	rette	Eyler			
4. Sex	5. Color or race	6.(a)Single	married, widewed, or divorced			
fr	W		Massed			
	(D) ()	1	7 C			
8.(b) Name of husband	matte. USO-Y-C	XT C	L. Cyler			
***************************************		6.(c) If alive, give age 8.9years			
7. Birth date of deceased (mo., day, yr	, sept	8	1866			
8. AGE: Years	Months	Days	If less than one day			
80	1	2				
	¥,	o dea	ich la mil			
9. Birthplace	(Town, co	unty, and st	tate)			
1D. Usual occupation	Hous	envil	2			
11. Industry or business	_	0				
質 12. Name	acob 4	eion	inger			
12. Name	Ŧv.	Joses	60 Co			
- 1	8-00.	Suc S	:10-			
14. Maiden name	NO Place		LL SHI			
El 15. Birthplace	Ju	eder	ick lo.			
16. Informant	nrs Har	ry	Green			
Address	Frederi	els.	md.			
17. Buriai, cremation,	incl. Whiten	Date thereo	(month) (day (year)			
Cemetery or orematory	- Oroca	ky)	tille			
Location	n. Wor	Als	boro, md.			
19. Funeral director	y.e	. 03	arten			
Address	let	rek	essville			
19. 12 Qet	19 4 6	Eli	abella 4 ttack. Registrar			

(II outside city or town limits	s, write KURAL and give	nearest town)
Street No(If rural, give	T OCATION)	
	LUCATION)	
Lice III reterat, name war.		
	3. (b) Social Secur	ity Number
	hine	
	ERTIFICATION	
O, DATE OF DEATH Q	19. 🗸	1 6.30 H
1. I CERTIFY that death occurred on the date abo		
JON 1 19.4	1	
ind that I last saw halive on	Fa	19.14.6
mmediate cause of death	***************************************	DURATION
gloflyn		

ue to		
	•••••••	
ue to		******
	***************************************	******
ther conditions		0.000
(Include pregnancy within 3 m	onths of death)	
lajor findings of operations		
utopsy results		
HYSICIAN: Please nnderline the cause to wh		ed statistically.
2. VIOLENCE: If death was due to external caus	ses. fill in the following:	
ccident, suicide, or homicide		
here did injury occur?(City or town)		
jured at home, farm, industry, public place (wh	ere?)	***************************************
leans of Injury	tnjured at work?	

M. D. or other
Date signed Delicity

VS A15

OCT 15 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Tha

09993

CERTIFICATE OF DEATH

/	Nog. Diet Not minimum.
J. FLACE OF DEATH: Proles of	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give pesidenee of mother)
County	marylacel melerely
(If outside city or town limits, write RURAL and give nearest town)	70000
Bow long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred	04 - 14 10
Mersius Populal	(If rurai, givo LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war Winda Wun I
3. (a) FULL NAME Paul Thomas To	3. (b) Social Security Number
4. Sex 5. Color of race 8.(a) Single, married, widewad, or divorced	MEDICAL CERTIFICATION 4/0_
Mor place married	20. DATE OF DEATH Stover 23 19 46 at 3 Ao
Mararel Burness	21. I CERTING that teach occurred on the date above stated; that lattened deceased from
6.(b) Name of husband or wife August July July	October 20, 19 46 step Oct, 23, 19 46
7. Birth date of	and that I last saw blue affec on October 25 19 46
deceased (mo., day, yr.) July 20, 1896	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Orinary thrombosis 48 hours
50 2 a 3min.	
Carroll Court Marrhaged	<u>_</u> ,
S. Birthplace. (Town, county, and, state)	Due 10
10. Usual occupation None (Veteral)	***************************************
	Due 10
11. Industry or business	
12. Name Carroll Co Manhaud	Other conditions
14. Maiden name Netter a, L. Merstyel	(Include pregnancy within 3 months of death)
6 P. of A -day	Major findings of operations
\$ 15. Birthplace and Co Haryland.	Date of op.
18. Informant Mayella Alle	Autopsy results
Address Milespeier Hoop. Silda. Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Durial Date thereof Oct 25-1946	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, eremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crangery witheran Cemetery	Where did injury occur?
Location Janey Town Ind	Injured at home, farm, industry, public place (where?)
18. Funeral director, C. O. Guss VSan	Means of Injury Injured at work?
Address Lanestown Md.	Bernard Hennos L. M.D.
as at the contract of the little of	23. SIGHATURE M. D, or other
(Dato ree'd by registrar) Registrar	Address Frederick Md Date signed 23, 946

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OCT 25 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9300

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F	PT	IFI	CI	TF	OF	DE	ATL

	Reg. Dist. 110
1. PLACE OF DEATH: County Cilly or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME 4. Sex S. Color or race 6. (a) Single, married, widowed, or divorced While Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 21.45 PA
6.(b) Name of husband or wife E. Harana Stacks dala. 5.(c) If alive, give age years	20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 45. 70. 21. 7 19. 46. 319
deceased (ma., day, yr.) 1876 1865	Impediate cause of feath Heart feiling lotte amplicated 2 gr
9. Birthplace	Due to.
12. Name Assephi Ostersand 13. Birthplace mame Asarret Crouse Germand 14. Maiden name Asarret Crouse Germand 15. Birthplace Maryland	(Include pregnaucy within 3 months of death) Major findings of operations.
16. Informant Address Thurstond	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Gurial, cremation, or removal. Which?) Cometery or crematory. Constitute Brillians.	22. VfOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. U. T. Willhide	Injured at home, farm, industry, public place (where?) Means of Injury tnjured at work?
19. Oct 10 19.46 Blanche S. Eyler	23. SIGNATURE Causes Dray. M. D. or other Thurmant Ma Porto classed (0/10/1/6)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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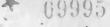
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OCT 11 1946

BUREAU VE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH



	Reg. Diat. No.
1. PLACE OF DEATH: County. City or town (If outside city or town limits, write RURAL and give nearest town) How long in aboveptace of death? Hospital, institution or street address where death octobred: How long in hospital or institution? 3. (a) FULL NAME Names Martin	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Suomes Marien	roce None
4. Sex Male S. Color or 1900 Shaple, married, widowed, or divorced Married B. (b) Name of hysbert or wife Muth Elizabeth Palm	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIF that leath occurred on the date above stated; that I stended deceased from
7. Birth date of deceased (mo., day, yr.) Tel. 12, 1869	and that I last saw County on Dollaber 31, 19 46 Imprediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Cerebral hemorrhand 2 days.
77 8 14hrsmin.	
9. Birthplace Nederick Court Manfaced (Town, genty, and spite)	Due ta
Colorer	
10. Usual occupation.	Due to
11. Industry or business	
12. Name Jacot From	Other conditions
3 13. Birthplace Medereck Church Mar Jacob	
	(Include pregnancy within 8 months of death)
I I I Maluel hame.	Major findings of operations.
15. Birthplace Unknown	Date of op.
16. informant & Myulea Lekel	Antopsy results
Address Sucres leven Ant. Tredle Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: if death was due to external causes, fill in the tollowing;
Burial (Burial, oremation, or removal, Whichi) (ay) (year)	Accident, suicide, or homicide
Roinview Cometeny	
demeter, of drematory	Where did injury occur?
Frederick, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director. M. R. Etchison and Son	Means of Injury Injured at work?
Fradantale Marriand	0 N. 1
Address Frederick, Mary Iand	23. SIGNATURE & Sermand Monay. M. D.
19. 3 - 15. 19.46 Chalette 5 tech. (Date rec'd by registrar) (Date rec'd by registrar)	Address Frederick, Maryland Date Signed 10-31-46

1 E E RANG TON STE. 77 CAR LARVIN 6 (44) MUNEO (6.) 2-35 tella ber all by at the are and the first of t furnity Called to Author

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09996

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Tredered	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County County City of County County County County City of County City of County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Jine Kiley
	(III III II, BIVE LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mary Louise &	Roce 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or diversed	MEDICAL CERTIFICATION
emale white single	20. DATE OF DEATH O T 4. 19.44 3.P M
	21. I CERTIFY that death occurred on the dete above stated; that I attended deceased from
6.(b) Name of husband or wife	
	and that I last saw KR W allyg on CF 4 19. KL
7. Birth date of deceased (mo., day, yr.) May 9 1904	
8. AGE: Years Months Days If less than one day	Immediate cause of death
42 4 25hrsmln.	and the same of th
7 1 1/0 - 1 0 : 1 2 3	CI O
9. Birthplace (Town, county, and state)	Oue to Therene
10. Usual occupation Nine	- ·
	Due to
11. Industry or business	
12. Name	Other conditions
13. Birthplace Trederiff to Mid	(Include pregnancy within 3 months of death)
14. Maiden name Dessie 13. Bowles	
15. Birthplace Frederick Ceo. Ind	Major fiadings of operations.
16. Informant feet 3. Bowles Mine	Autopsy results.
Address Time Kelin Lackenfor Mc	PHYSICIAN: Please underline the cause to which death should be charged statistically.
n	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or nonwest, Whitch?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide. a C Cedeux Date of
mt. Olivet Ceculen	Where did injury occur? (City or town) (County) (State)
Cemetery or exemptory	(City of Lowin)
Location Tu dering Mil	Injured at home, farm, industry, public place (where?)
18. Funeral director Harry E. Carty Ceo	Means of Injury A Version Line Line Injured at work?
I d' n.l	1 . B waying and
Address Tredlemp, Mcg.	23. SIGNATURE / N. W Dave ey
19 le act 10 46 Elizabeth J. Heck.	EA . Al
(Date rec'd by registrar)	Address Date signed O . 9 1 %

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

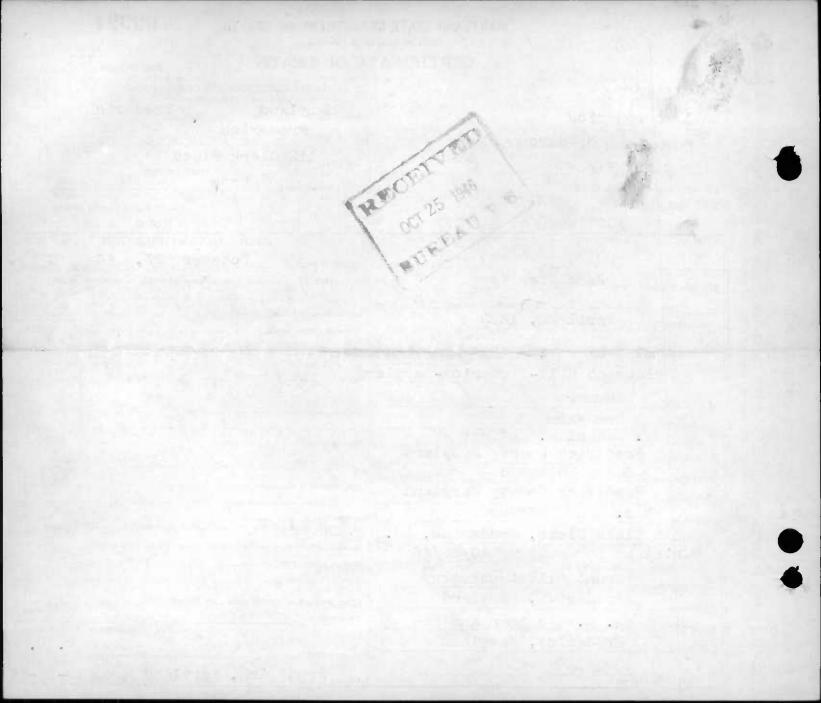


09997

CERTIFICATE OF DEATH

131 Reg. Dist. No.

1. PLACE OF DEATH: County Prederick City or two (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 5 Years Hospital, institution, or street address where death occurred: 112 Clark Place How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Frederick City or town (if outside city or town limits, write RURAL and give nearest town) Sireet No. 112 Clark Place (If rural, give LOCATION) NONE
3. (a) FULL NAME AUSTIN FLINT HAFFNER	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W M	20. DATE DF DEATH October 23, 1946 at 2 A
5.(b) Name of Austrand or wife. Jane Bierley B.(c) If allve, give age. 60 years 7. Birth date of deceased (mo., day, yr.) April 28, 1885	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.6. 10. 2.3.19.4.6 and that I last saw h. 1. 2. alive on
8. AGE: Years Months Days If less than one day 61 5 27	Immediate gause of death
Pleasant Hill-Frederick-Marylar (Town, county, and state) Farmer 10. Usual occupation 11. Industry or business Own Farm 12. Name Dr. Samuel T. Haffner 13. Birthplace Frederick County Maryland	Due to
Susan Whitmore 14. Malden name. Susan Whitmore 15. Birthplace Frederick County Maryland 15. Informant. Mrs. Jane Haffner	(include pregnancy within 3 months of death) Major findings of operations
Mrs. Jane Haffner Address112 Clark Place, Frederick, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Burial Date thereof 10/25/46	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. M. R. Etchison and Son Address Frederick, Maryland 19. 2 H Oct. (Date rec'd by registrar) Registrar	Means of Injury Injured at work? M. D. 23. SIGNATURE M. D. or other Address Frederick, Maryland Date signed 10-24-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1226

CERTIFICATE OF DEATH

0999813 Reg. Diat. No. 13

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)
County Strain Strain Clina Clara Cont	State Mary Land County Frederick
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	Walpersville
Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
Tyrederica Cit Hospital	Sireet No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Hennetta Lee Hammond	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemale VY Wadowed	20. DATE OF DEATH. 2 CT 18 19 16 21 2 A-M
B.(b) Name of husband on whom S.) and son U. Hammanal	21. I CESTIFY that death occurred on the date above stated; that I attended deceased from
	19 4 6 10 (2) 19 4 6
7. Birth date of deceased (mo., day, yr.) Fan 2 1865	and that I last saw herealive on
8. AGE: Years Months Bays If less than one day	Immediate cause of death DURATION
8/ 9 16min.	not due to concer cropp
B. Birthplace Frederick Co. (Town, county, and state)	Bue to a volandist or intusarsceptions
	U
10. Usual occupation. I Classes. I S. J. S	Bue to.
11. Industry or business	
E 12. Kame Nallians Free Morriso Br.	Diher conditions
	(Include pregnancy within 8 months of death)
H 14. Malden name Jack Lill Mellots 15. Birthplace Irederiolo Go.	Major findings of operations
\$1 15. Birthplace & realizable & 60.	Bale of op.
16. Informant. Myss. Ussmil Hammond	Autopsy results. Thorac from formulation. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Walkerswille Ind	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial femalion of removal, Whiche) Bate thereof. Oct. 20 //46 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cometery Slade Cemeters	Where did injury occur? (City or town) (County) (State)
Location Walkerswille	Injured at home, farm, Industry, public place (where?)
0100.1	Means of Injury Injured at work?
18. Funeral director Long Long Long Long Long Long Long Long	204 to 0.
Address Walkersville	23. SIGNATURE M. D. or other
19. 10-19- 19. 46 Elpabelly Hack.	www. Dolh saville. Mid note circus de tigue

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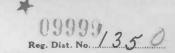
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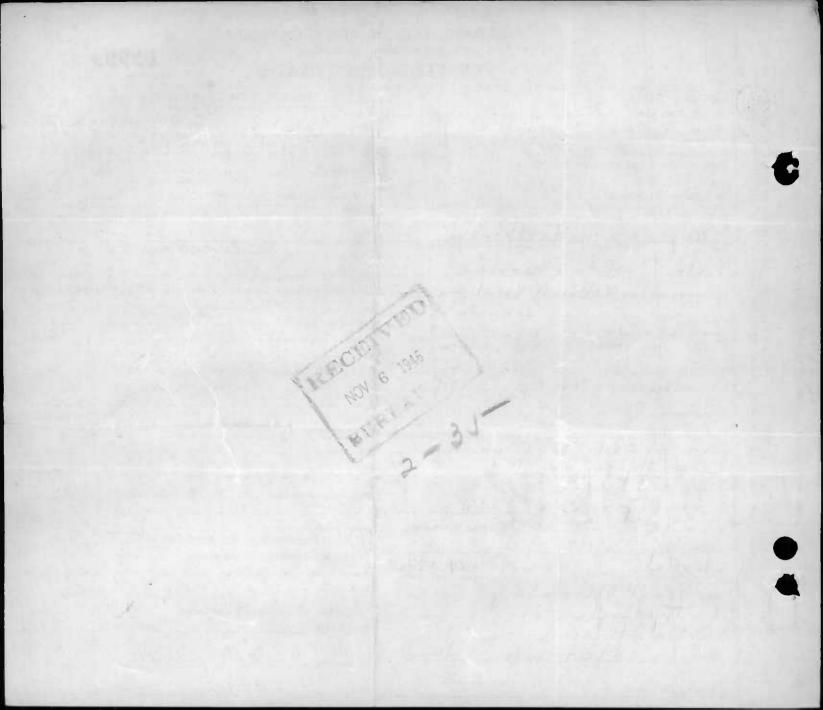
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0

CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Frederiak	State LY de County Ecoderiale
(If outside city or town limits, write RURAL and give nearest town)	D - 1 M : 0-0:11-
How long in above place of death? 51 415	City or town. Rux al Market Wite RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Roy Henry Harshman	No.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Married	20. DATE DE DEATH. Oct 22 19.46 at 11 A M
6.(b) Name of husband or wife Mattie M. Harsh -	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age	July 1945 10 Oct 22 1946
7. Birth date ot	and that I last saw h from alive on Oct 21
deceased (mo., day, yr.)	Immediate cause of death
0. 100.	
5-1 3 27	Cardio-Kenal-Vascular disease 14.
9. Birthplace Myera Y. Ile Frederick Co. Md. (Town, county, and state)	Due to
10. Usual occupation	Po-da
11. Industry or business	900 10
	Dither conditions.
12. Name Paniel Harshman 13. Birthpiace Myerskille, Md.	
at 13. Dittiplace VIAB 13 EVITE	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
14. Maiden name 12. 2 12. 15. Birthplace Mycroville	
16. Informant Nettie M. Itarshman	Autopsy results
Address Myersxille, Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the following;
17 Burial, cremation, or removal, Which?) Date thereot. Co. 1241, 1946 (month) (day) (yedr)	Accident, suicide, or homicide
Cemetery or crematory U.B. Cemetery	Where did injury occur? (City or town) (County) (State)
	Injured at Nome, tarm, industry, public place (where?)
Location Myers ville, Kld.	Means of Injury Injured at work?
18. Funeral director	O , O
Address Middletown, Md.	23. SIGNATURE 3 Harp mix
19. Oct 24 1946 C. L. Leatherman	M. D. or other
(Date rec'd by registrar) - Registrar	Address Date signed J. C. J. D. &



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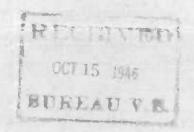
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

10000

Reg. Dist. No. 13

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Trederick	State md County Frederick
(If outside city or town limits, write RURAL and give nearest town)	frederick - Rual
How long in above place of death? 40 Miss.	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Robert Lee Hoffman	
4. Sex 5. Color or race 6.(a) Single, married, wloowed, or divorced	MEDICAL CERTIFICATION
m le	20. DATE OF DEATH. () Clube / 0 19 46 4, 21 1. 07 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S (a) If all to give any years	10 19 4 6 10 18 T
7. Birth dale of	and that I last saw harman alive on 19 T
deceased (mo., day, yr.) (Lef., 10, 1946) 8. AGE: Years Months Days If less than one day	Immediate cause of death
5 5 5 hrs. 40 min.	The state of the s
· · · · · · ·	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation	Rue to
11, Industry or business	000 10
= 12 Hame Robert Lewood Hoffman	Other conditions
12. Name Robert Lewood Hoffman.	
	(Include pregnancy within 8 months of death)
14. Malden name Betty Wall 15. Birthplace San Ontonio, Lefas	Major findings of operations
\$ 15. Birthplace Sour Cirlonio, defas	
16. Informant Mrs Robert Hoffman	Antopsy results
Address Walkerszelle, md.	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cramation, or removal Whiteht) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetury Glade Cemeters	Where did injury occur? (City or town) (County) (State)
Location nr. Walkersville t	Injured at home, farm, industry, public place (where?)
18. Funeral director 9. C. Barton	Meane of Injury Injured at work?
Address Walkersville md.	Arward Of all M.O.
10/2 Oct. 1046 Elizabeth & Hech	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Cale signed



10001

2411 N. Charles St., Baltimore 93-de

M	The correct age gibly.
3	mation carefully.
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correst write the causes of death clearly and legibly.
VS A16 9-45-15	PLEASE WRITE PLAINLY, W

CERTIFICATE OF DEATH

100	20		
-31		p	
o			

1. PLACE OF DE	ATH:		2. L	SUAL RESIDE	NCE (HON	AE) OF	DECEASED:	
County / Frederick Frederick			State	Maryla	ind	County	Frederic	k
City of town (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? 10 Years			n)	Frederick				
Now long to above place	of death? 10	Years	City	(lf ou	tside city or to	wn limits, 3	write RURAL and give	nearest town)
Maspitat, institution, or	street address where	death occurred:		1 No. 16 H	East Sc	outh	Street	
16 Fast	South St	reet			None	ral, give L	OCATION)	
How long in hospital or	institution?		2.(a)) If veteran, name v	14 O 11 G		***************************************	
3. (a) FULL NAM							3. (b) Social Securit	ly Number
	ANNA N	MARY S. HOUSE					None	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced			MEDICA	AL CE	RTIFICATION	
F	W	S	20. B	ATE OF DEATH	Octo	ber	23rd 1946	. 6:45
6.(b) Name of husband	or wife		21. [CERTIFY that deat	h occurred on the	date above	stated; that I atlended de	eceased from
				aug	1	1944	to COCK	234.1966
7. Birth date of	,, May 19,		and t	hat I tast ow had	alive on .	all.	20 ml	19
		Days If less than one day	Imm	ediate crisic of de	ath	1		DURATION
o. Mac.				1000	MIC	1490	MMI	4
90		4hrs.	mia.			1		6
9. Birthplace Fre	ederick (County Maryland	Due t	Mys	undu	me	and	nin
At Home						AD	79-	5 Mes
10. Usual occupation			Due t	My	wy	100	WW.	1 m
11. Industry or busines				hamic	myocare	letis.	Duration, 10	years.
E 12. Name George Elijah House				conditions			cens	A
13. Birthplace Frederick County Maryland								
14. Maiden name.	Ann Bur	enside		(Inclr	de pregnancy v	within 3 mo	onths of death)	
		County Maryland	Majo	r findings of oper	atious		***************************************	**********************
						***************************************	Bate of op	
10. informant		H. Esworthy		pay results	1 1 41		h death should be charg	ad statistically
Address 16 I	E. South	St., Frederick,	IVI CL .					ed statistically.
. Buria	1	Date thereof 10/25/46 (month) (day) (ye	22.				es, fill in the following;	
(Burial, cremation	or removal. Which?	(month) (day) (ye					Date of	
Cemetery or ecomete	Mount	Olivet Cemetery	Whor	e did injury occur	?(City o	r town)	(County)	(State)
Location	Freder	rick, Maryland	- 1				re?)	***************************************
	M D	Etchison and Sor		e of injury		0.	Injured at work?	
18. Funeral director		***************************************			Trank	17	blechs	
Address	Freder	rick, Maryland	22	SIGNATURE	+/lan	1	- Marin	M. D.
1.9 H (A-1	19 14 6	Elina. Do. In the	2 cla. 23.		nd ol-	Man		D, or other
(Date rec'd by re	gistrar)	The state of the s	egistrar Addr	PD9.1.1	erick,	Mar. A	Lanu Date sign	10-24-41



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore &

10002

CERTIFICATE OF DEATH

Reg. Diat. No. 144

1. PLACE OF DI	rederick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Mony lond Fra de rick						
City or town	Thurmont	.2	***************************************	State Maryland County Frederick					******
City or town. Thurmont, (If outside city or town limits, write RURAL and give nesrest town) How tong in above place of death?			City or town	hurmont					
	How tong in above place of death?			City or town. (If outside city or town limits, write RURAL and give nearest town) Walnut. Street.					
<i>Y</i>				Street No. Walnut Street (If rural, give LOCATION)				********	
How long in hospital	or Institution?		3.0	2.(a) If veteran, name war					******
3. (a) FULL NAM				11		3. (b) Soc			
0. (0) 2022 2111	Laura Amanda Humeri			ck				y Mumber	
4. Sex) 5. Color or race	R (a) Singl	e, married, widowed, or divorced	11			one		
					MEDICAL O				-
Female	White	Ma	arried	2D. DATE OF DEATH	October	I5, I	946	5:40	P:M
6.(6) Name of husband		za Hul	Dert Humerick c) If alive, give age 67 years	and thet I last saw hull	th occurred on the date a	1.15	2.4.1.	19	46
8. AGE: Year		Days	If less than one day	Immediate cause of d	eath galacter	1/		01.	TION
6	I 5	IO	hrsmin.			un la	×	Tagid	
	T 7 7 4				al aste		•	••••	
9. Birthplace	(Town	, county, and	tate)	Due to Comment				-	
1D. Usual occupation.	House	wife	.,	and P	y per the	de Adria		de gr	
11. Industry or busine				Due to					
	John Ki	ne				***************************************			
	Sabilla	sville	. Hd.	Other conditions			*************	***	
				(Incl	ude pregnancy within	3 months of death	i)		
14. Malden name	Martha	Neusma	211.	Major findings of one	rations				
14. Maiden name	Illinoi	S							
	Mr. Hube	rt Hun	nerick	Antopsy results					
	Thurmont	Md.			underline the cause to				
Address			7-10-	22. VIOLENCE: If de	ath was due to external c	auses, fill in the fo	ollowing;		
Bur Bur	ial n, or removal. Which	Date ther	of Oct. 18, 1946 (month) (day) (year)	Accident, suicide, or h	omicide				
(Buriai, crematio	lory. Blue	Ridge	(month) (day) (year)						
Cemetery or crema	tory		4.5		(City or town				
Location	Thurmo	nt, A	10.		industry, public place (
18. Funerat director	M. L.	Creage	r & Son	Means of injury		Injured	at work?		
Address	Thurmo		Id.		1 - 40		20		
		0		23. SIGNATURE	ame XI	ray/	MD-	or other	
19 Oct. 18	egistrar)	(3)	andre S. Eyler		TP ;	- h.		4	146
(Dato rec'd by r	egistrar)		/Registrar	Address	Therman		Date signet	J.d. P. f.	J

OCT 19 1946 BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-2)

10003

CERTIFICATE OF DEATH

Reg. Diat. No. 1.3.

	the state of the s
1. PLACE OF DEATH: 2	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	man land Frederick
(If outside city or town limits, write RURAL and give nearest town)	State County County B - Reus !
How long in above place of death? Lifetime	(If outside city or town limita, write RURAL and give nearest town)
Hospital, instiluiton, or sireel address where death occurred:	Street No.
Emergency Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war kone
3. (a) FULL NAME	3. (b) Social Security Number
Cora —	Hutto none
4. Sex 5. Color or race 6.(a) Single, married, midowed, or directed	MEDICAL CERTIFICATION
7 N Single	20. DATE OF DEATH OCK. 11 19 46 at 5:101
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	5 an 1 1946 10 Oct. 11 1946
7. Birth date of 7 5 (c) if alive, give age years	and that I last saw h. ev alive on Oct 10
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days 11 less than one day	Crebial hemorrhage Iday
69 2 15 min.	0
9. Birthplace Frederick Co. Jul. (Town, county, and state)	Due to
16. Usual occupation. Housekeeper	
	Due to
11. Industry or business	Dither conditions Rectal abcess zweeks
12. Name John Hulls 13. Birthpiace Ind.	(Include pregnancy within 3 months of death)
14. Maiden name Emma Kidwell	(Include pregnancy within 3 months of death) Major findings of operations
14. Maiden name	Daie of op.
16. Interment Records monterne Hasp.	Antopsy results
7 l k m. 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Trequere - 10-12-46	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial, eremation or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crease montevue	Where did injury occur?
Location West of Frederick - me	Injured at home, farm, industry, public place (where?)
0 8 100: x for	Means of injury Injured at work?
18. Funeral director	
Address Frederick - Mil.	23. SIGNATURE / Bernard Jamas Jr. M.D.
19. 12 act 19.46 Elisabeth & Hech	Address Frederick M& Bate signed Oct 11, 1944

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

OCT 15 1946 BUREAU VE MARGIN RESERVED FOR BINDING

A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chnrles St., Baltimore

Saltimore 92.0

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PL/CE OF DEATH: County Frederick City or the Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since January 1946 Hospital, institution, or street address where death occurred: Frederick City Hospital How long in hospital or institution? 3. (a) FULL NAME ABEL ALBERTA HYATT 4. Sox 5. Color or race 8. (a) Single, married, widowed, or divorced	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick City or town Iffants (If outside city or town limits, write RURAL and give nearest town) Street No. 179 West All Saint Street (If rural, give LOCATION) None 3. (b) Social Security Number 220-01-2809
4. Sox 5. Color or race 6.(a) Single, married, widowed, or divorced W	MEDICAL CERTIFICATION
	20. DATE DE DEATH. OCT 9 19.46.30 PM
8.(b) Name of the Tor wife Unknown	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of TT-3-1-2	and that I last saw h J. M. Neve on Oct 3 19.46
deceased (mo., day, yr.) UIIKHOWH	Immediate cause of death DURATION
8. AGE: Years Months Days If test than one day	Corousing occlusion Munder
9. Birthplace North Carolina (Town, county, and state) 10. Usual occupation Employed in Kitchen	Due to.
11. tndustry or business Frederick City Hospital 12. Name	Dither conditions
13. Birthplace 14. Malden name. Unknown 15. Birthplace Unknown	(Include pregnancy within 3 months of death) Major findings of operations.
Mrs. Lens Lawrence	Autopsy results.
Address 179 W. All Saint St., Fred'k, Md	BUYELCIAN. Blace and dies the came to which death should be charged statistically.
Burial 17 Burial Date thereof 10/7/46 (Burlal, cremation, cremoval Which) Cemetery Fairview Cemetery C	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sulcide, or homicide
Frederick, Maryland	Injured at home, farm, Industry, public place (where?)
M R Etchigon and Son	Meens of injury Injured at work?
England of the Manual and	Rw. Bon Drivey wed
Address Frederick, Maryland 19.7-O. A. Elizabetta y Heck (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Fuderes T Date signed D. 4.46

OCT 8 1946 BUREAU V E.

(59) Birth and Seath

Reg. Dist. No...

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF STILLBIRTH Reg. Dist. No...
A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
/	County City or town (If outside city or town limits, write RURAL and give uearest town) Street address, hospital, or institution? Mery Culty (How many years, or months, or easy, SPECIFY WHICH)		County City or town Salteness (If outside city or town limits, write RURAL and give nearest town) Street No. 1902 Sulfaw Ball (If RURAL give LOCATION)
	Name of child Saly Julies Sex. Male 6. Twin or triplet.	11	Date of birth Och 24/ 19 46 Hour 530 AM. No. of weeks pregnancy 33 hours.
	Full name Clarks Telple Blueson Color White 10. Age at time of this birth 33 yrs.	1	Full maiden name Towish Jeskeus
	Usual occupation Morel		Color Meet 14. Age at time of this birth 30 yrs. Usual occupation Hay dresser
-		,	,
16.	Other children born to mother (not including present child): (b) How many other children were born alive but are now dea		
	Did child die before labor? During labor? Ho Pregnancy, complications of	21.	Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes Thurstone
19.	Labor: (a) Complications of (b) Induced?		(b) Maternal causes
20.	(a) Was there an operation for delivery? (Yes or No) (b) State all operations, if any.	22.	I certify to the birth of this child who was born dead* on the date and hour above stated. Signature Laurence Fahrney mr
	(c) Did child die before operation? During operation?		Address Frederick M.D., midwife, or other)
23.	(a) Burnal (b) Date thereof (t-15-144) (Burial, cremation or removal) (c) Cemetery or crematory (month) (day) (year)	25.	(a). 25 Oct-1946 (b) Elizabeth J. Hecla. (Date rec'd by registrar) (Registrar)
24.	(a) Funeral director de Control	26.	(To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
	(b) Address Medlerik W. Maryana		Hoolth Officer and

* See Instruction C on stub.



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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



10006

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:		
Frederi	ck		State Maryland County Frederick			
City or (If outside eity or	town iimits, write R	URAL and give nearest town)				
How long in above place of death?			(If outside city or town lim	nits, write RURAL and give nearest town)		
Hospital, institution, or street address Prederick C	ity Hosp	talk Street	Streef No. 358 West Pat:	rick Street		
How long in hospital or institution?			2.(a) If veteran, name war	ve LOCATION)		
3. (a) FULL NAME				3. (b) Social Security Number		
JOH	N JOY KE	ILHOLTZ		None		
4. Sex 5. Color or r	6.(a) 6high	, married, widowed, or divorced	MEDICAL O	CERTIFICATION		
M W		M	20 DATE DE DEATH	19 4C at 1:40		
6.(b) Name of washand or wife. No	omi Ruth	Slifer	21. I CERTIFY that death occurred on the date a			
	6.0) If alive, give age 34 year		19		
7 Distribution of	uary 2,		and that I last saw h	19. 4		
8. AGE: Years Months	Days	If less than one day	Immediate cause of death	DURATION		
34 8	29	hrsmin		or his		
9. Birlipplace Rocky Rid	ge-Frede	rick-Maryland		The state of the s		
	Town, county, and s	tate)	Due 10.			
10. Usual occupationOwr	ed Garag	<u> </u>	Que to	***************************************		
11. Industry or business						
置 12. Name John B。	Keilholt	Z	Other conditions			
13. Birthplace Freder	ick Coun	ty Maryland	(Include prognancy within			
置 14. Malden name Ethe	1 Joy	••••••••••••				
14. Malden name. Ethe	ick Coun	ty Maryland	Major findings of operations			
18. Informant Mrs. Na	omi Keil	holtz	Autopsy results			
		.,Frederick,Md				
Buni ol		10/3/46	22. VIOLENCE: Il death was due lo external c			
(Buriai, cremation, or removal-	THICKE!	(month) (uay) (year)	Accident, suicide, or homicide.	clust Date of Oct 146		
Cemefery or overnatory Mou			Where did injury occur? Fuch (City or town	(County) (State)		
Location Fre	derick,	Maryland	Injured af home, farm, Industry, public place	A Control of the Cont		
1B. Funeral director	R. Etchi	son and Son	Means of Injury Charlo 40%	injured af work?		
	derick,	Maryland	0	Boules Sales yland Date signed 0 1-46		
. 0 +	(10	· An lill in	23. SIGNATURE	M. D. crother		
19. — at 19 h & Chalutta Helle. (Date ree'd by registrar) Registrar			Address Frederick, Mar	yland Date signed 0-1-46		



A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH



Y	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Theatres	manufaced Fredericke
(If outside city or town limits, write RURAL and give nesrest town)	State // County County
	City of town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. Mr. New Fondon
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME,	3. (b) Social Security Number
VILLE TO COLOR OF THE COLOR OF	mmel
4. Sex 5. Color of race 8.(a) Single, married, willowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE DE DEATH October 13 19.46, at 8-30 Am
0	21. I CENTIFY that death occurred on the date above stated: that f attended deceased from
8.(b) Name of husband or wife	Oct 10 19 46 to Oct 13 19 46
7. Birth date of	and that I tast saw h May alive on Oct 12 18 %6.
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Coronau Thombacia 3 days
74 8 19min.	
9 Richaige Maryland.	actio Relevair 10 yrs.
9. Birthplace	July 10
10. Usual occupation Stock Dealer,	Due to.
	Due to
11. Industry or business	
12. Name Unllowy Rumel 13. Birthplace Maryland.	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name Mary Morgan, 15. Birtholace Maryland.	Major findings of operations
2 15. Birthplace Maryland	Date of op.
18. Informani Miss Mary Kinnel Sister	Autopsy results
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address VVG. WY VVG.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Buraal Date thereof Cect. 15. 1946	Accident, suicide, or homicide
(Burial, exemation, or removal, Which) (month) (day) (year)	
Cometery or crematory	Where did injury occur?
Location Mr. New London	injured at home, farm, industry, public place (where?)
W. E. Falconer.	Means of Injury Injured at work?
18. Funeral director.	C 1 P P 1 2
Address New Manker Wild.	23. SIGNATURE Comest . 1500p MO
19 Oct 14 19 46 Jucian K. Fallonin	M. D. or other
(Date rec'd by registrar) Registrar	Address Pew Market Mg Date signed 1014 86.



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-4.

10008

CERTIFICATE OF DEATH

Reg. Diat. No. 139

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Ctate Constantism Manuland	state Maryland county Talbot			
(If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Since 11/17/43	Trappe			
How long in above place of death? Since II/1//43	City or town Trappe (1f outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium	Street No.			
How long in hospital or institution? Since 11/17/43	(If rural, give LOCATION)			
	2.(a) If yeteran, name warV			
3. (a) FULL NAME	3. (b) Social Security Number			
William A. Kirby	None			
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION			
Male White Married	2D. DATE DF DEATH October 17 1946 at 4:50P			
5,(b) Name of hosband of wife Louise L. Kirby	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 17 19 43 10 Oct. 17 19 46			
7. Birth date of 7.2 / 7.3 O.O.O.	and that I last saw himalive onOctober 17			
deceased (mo., day, yr.) 12/1/1909	Immediate cause of death			
8. AGE: Years Months Days If less than one day 10 10	Pulmonary Tuberculosis 3½ Yrs.			
9. Birthplace Baltimore, Md. (Town, county, and state)	Due 10			
1D. Usual occupation Farmer				
1D. Usual occupation	Due to			
11. Industry or business				
¥ 12. Name William A. Kirby	Diher conditions			
[13. Birthplace Trappe, Md.	(Include pregnancy within 8 months of death)			
置 14. Malden name Margaret Sechler	Major findings of operations.			
15. Birthplace Bellefont, Pa.	Date of op.			
18. Informant Deceased	Autupsy results			
Address	22. VIOLENCE: If death was due to external causes, fill in the following;			
17. Unknown (Burial, cremation, or removal, Whieh?) Bate thereof. Unknown (month) (day) (year)	Accident, suicide, or homicide			
(Buriai, cremation, or removal. Which?) (month) (day) (year)				
Cemetery or crematory Unknown	Where did injury occur?			
Location Unknown	Injured at home, farm, industry, public place (where?)			
18. Funeral director M. L. Creager & Son	Means of Injury Injured at work?			
Address Thurmont, Md.	Mh. du			
	23. SIGNATURE M. D. M. M. D.			
19. (Date ree'd by registrar) Registrar	Address State Sanatorium, Md. Date signed 10/18/46			
(Date ree d by registrar) Registrar	THE PROPERTY OF THE STATE OF TH			



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (330)

k: 10009

CERTIFICATE OF DEATH

Dist No. 131

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)			
	Til	erick	-Rural	State Maryland County Frederick			
(If a				Frederick			
How long in above place	e of death?	Tears		(If outside city or town limits	s, write RURAL and give nearest town)		
Monte	Gilder Manibes Illians	death Occurred		Sireel No. 128 West Patr	ick Street		
	r Institution? 2	Years	***************************************	(If rural, give LOCATION) NONO			
Now long in hospital o	r Institution?			2.(a) If veleran, name war			
3. (a) FULL NAM		S FRA	NCIS KNIPPLE		3.(b) Social Security Number None		
4. Sax	5. Color or race	6.(a)3ingi	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
M	W		W	20. DATE OF DEATH October	24th 19 46 111:45A		
0.713 No	Anni	E.M.	tahneth Welty	21. I CERTIFY that death occurred on the date abo	ove stated: that t ellended doceased from		
B.(O) Name of Russymu	or wite		t) If alive, give age 75	Jan. / 19	46 , 10 Det 24 19 46		
7. Birth daie of	Mow 2			and that I tast saw hallye on Ocy	F-29 19.46		
deceased (mo., day.	1	Oavs Oavs	t fiess than one day	Immediate cause of death	DURATION		
69 69		26		Arterio solerotic (ardio nascular 5 years		
9. Birthplace Emmitsburg-Frederick-Maryland (Town, county, and state) 10. Usual occupation None 11. Industry or business				Oue to			
12. Hame	ohn Knipp Hanover,			Other conditions			
14. Maiden name.	Frances Frederick	Welt Coun	ty Maryland	(Include pregnancy within 3 months of death) Major findings of operations.			
Ch Ch	narles F.	Knip	ple, Jr.	Autopsy results			
			.,Frederick,Md.	DUVELCIAN Di Julius the same to w	hich death should be charged statistically.		
Buris (Burial, esemetics	al a, or removal. Which? Mount	Date ther	et Cemetery Maryland	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide			
Location				Means of injury	Injured at work?		
18. Funeral director		***************************************	ison and Son	reduce or mjury			
Address	Frede	rick,	Maryland	22 SIGNATURE / Sermand	Memas L. M. D.		
19. 26 Qc	1946	66	izalith y Hech.	Frederick, Mar	vland Poly stand 10-25-46		



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 928

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	100	11

CERTIFICATE OF DEATH

	Page 1	
1		1.5

			021111101	Reg. Diat. No	
1. PLACE OF D	EATH: Fre	dericl		2. USUAL RESIDENCE (HOME) OF DECEASED:	
County		tytow		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Frederi	ck
City or town	FIDEL	C'A COM		State Gounty	
(11	outside city or town l	imits, write P	URAL and give nearest town)	City or town Libertytown	
How tong in above place	ce of death?or street address where	death assume		(If outside city or town limits, write RURAL and give	e nearest town)
nospital, institution, c	ot street Sagtess where			Street No.	***************************************
			***************************************	(If rural, give LOCATION)	
			***************************************	2.(a) If veteran, name war	•••••••
3. (a) FULL NAM	ΛE	TOG	אהרד כ הוארדונים	3. (b) Social Secur	rity Number
			EPHINE R. LEAS	DT.	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White	W	idowed	20. DATE DE DEATH OCh . 24 1944	1. 1120 A
	John	M. L	ease		
6.(b) Name of husband	d or miss			21. I CERTIFY that death occurred on the date above stated; that I strenged	deceased from
			e) If alive, give ageyea	19.77.6 10.000	19.55.54
7. Birth date of deceased (mo., day,	yr.) Sept	. 21,	1861	and that I last saw h. L.Y. alive on Och - 3	
8. AGE: Year		Days	If less than one day	Immediate care of ideath Stenvers	6 mos,
85	0	13		Marias Nariosca	6 /200
H1-	rederick	Co M			*********************
9. Birthplace	(Town	county and	itate)	Due to	***************************************
	NO	ne	oate,		
		* 0 * 0 * 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Due to	
11. Industry or busine	Samuel	Bural	1	Dither condition Armeplegia	
里 12. Name	Danaci	Dar ar		Bther conditions A muflingua	4 moe
12. Name			Maryland	V /	· · · · · · · · · · · · · · · · · · ·
14 Molden nome	Christ	iana	Fetterling	(Include pregnancy within 3 months of death)	
14. Malden name	Heer 1 1 000 00 1 1 1 1 0 1 1 0 1 1 0 1 0		Maryland	Major findings of operations	
≥ 15. Birthplace	s. Harry	Mongh	· ·	Date of op	
16, Informant	o. marry	MOHSH	aul	Autopsy results	
Address	Libe	ertyto	wn, Md.	PHYSICIAN: Please underline the cause to which death should he char	ged statistically.
Buri	al		. 10-6-46	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, ecomotic	al n, or removal, Whic h?)	Date there	10-6-46 (month) (day) (year)	Accident, suicide, or homicide	
	Cen	itral		Where did injury occur?	•••••
Fre	derick Co	. Mar	vland		
Location			11-**	injured at home, farm, industry, public place (where?)	
18. Funeral director	C	. M.	Waltz	Means of injury injured at work?	
Address		Winf	ield, Md.	TOTAL TO METON	* A
			^ /	- 23. SIGNATURE OF US TO, STONE 7/	4W.
1900.7	egistrar)	a	ea D. Curfmels Registre	Address Liberty town Md Bale sig	D. or other
(Date rec'd by re	egistrar)		. Registra	Address Date sig	ned UUA

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OCT 9 1946

BURLAT

Hospital, institution, or street address where death occurred

How long in hospital or institution? 3. (a) FULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr.) Years

8. AGE:

9. Birthplace.

10. Usual occupation... 11. Industry or business

13. Birthplace 14. Maiden name. 15. Birthplace 18. Informant. Address

Cemetery or crematory

(Date rec'd by registrar)

(Burial, cremation, or remoyal, Which?)

or town limits, write RURAL and give nearest town)

tf less than one day

(month) (day) (year)

Maans of injury

23. SIGNATURE

Registrar

Date thereof...

......hrs.

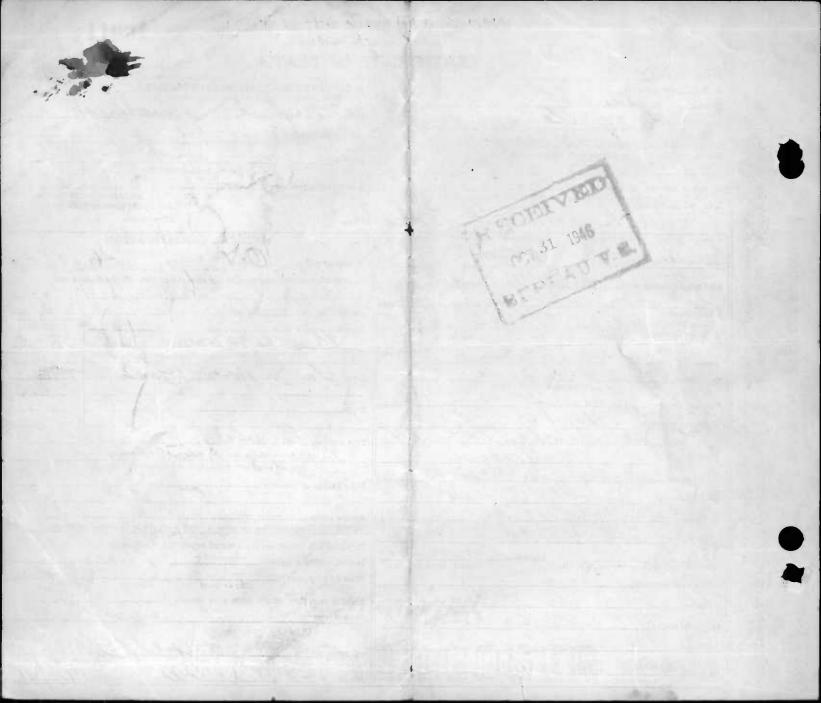
E OF DEATH	Reg. Dlat. No.
2. USUAL RESIDENCE (HOMI (For newborn infants give regiden	E) OF DECEASED: County Frederick
State ///arifaua	County Frederick
City or town. (If outside city or town	limita, write RURAL and give nearest town)
Street No. (If rural	, give LOCATION)
2.(a) If veteran, name war	
EL	3. (b) Social Security Number
MEDICAL	L CERTIFICATION
2D. DATE OF DEATH. Qex	-26, 1146,123°D
21. I CERTIFY that Cath occurred on the di	ate above stated; that I attended deceased from
QQ,	19.76
and that I last saw halive on	CZ 3 1546
Immediate segre of death	UNUSUA 2 Hors
1086	
Due to	2 4 12 mobile 1 Hay
Due to	
Sindy	
Other conditions (Include pregnancy with	····· ······ ··· ··· ··· ··· ··· ··· ·
Major findings of operations	
***************************************	Date of op
Autopsy results	to which death should be charged statistically.
22. VIOLENCE: If death was due to exter	nal causes, fill in the following;
Accident, suicide, or homicide	
Where did injury occur?(City or t	
Injured at home, farm, Industry, public pla	ace (where?)

Injured at work?

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY, WITH UNI is especially important. PLEASE

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death blearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940/

CERTIFICATE OF DEATH

-1	1	1	4	()
1	U	U	1	4

Reg. Diat. No ...

1. PLACE C		h'madar	rick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
1			ick	***************************************	State Maryland county Frederick	State Maryland county Frederick		
City or wash	(If out	ide city or town l	mits, write R	URAL and give nearest town)	City or teas Frederick (If outside city or town limits, write RURAL and give nearest			
How long in abo	ve place of	death?	. years					
Hospital, instit	ution, or st	reet address where		rch Street	Street No. 122 West Church Street			
		TEE ME	SU CITU	ren Sureet	(If rural, give LOCATION)			
How long in ho	spital or in	stitution?			2.(a) If veteran, name war None			
3. (a) FULI	NAME				3. (b) Social Security Num	ber		
				ITTLEFIELD	None			
4. Sex	:	. Color of race	6.(a)Singk	e, married, widowed, or disorced	MEDICAL CERTIFICATION			
Male		White		dowed	20. DATE OF DEATH October 14th. 19 46 at	11:15p.		
& (b) Nome of	huabada ar	wife Mi	nnie W	alden Littlefield	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased	from		
6,(0) name of		W(16	D (e) If aline who are	Oct 7 19 46, 10 Oct. 14			
7. Birth date of		Ton	9-186	c) If alive, give ageyears	and that I last saw h and alive on	18.4.6		
deceased (m	o., day, yr.) Years	Months	Days	tfless than one day	Immediate causa of death	DURATION		
o. AGE.	79	9	5	hrsmin.	[1 loves		
			1 -		Cerchal Very mhaze			
9. Birthplace.	Pa	terson, A	ew Jer	Sey (state)	Due to			
			•••••••		Due to Astinap duran			
11. tndustry or		2 20 Cac	T1++10	field	Can Who his God			
12. Name 13. Birthp					Other conditions Many Munitime (bld)			
		Rocheste			(Include pregnancy within 3 months of death)			
14. Maide	n name	Adelia A	. Slee	per	Major findings of operations.			
LON 15 Bletha	lace	Toronto,						
					Date of op.			
16. Intermant.				er	Astopsy results	stically,		
Address	Rock	well Teri	race- F	rederick, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:			
17. Bur	ial	Comoveir Which.	Date then	eof Oct. 17, 1946 (month) (day) (year)	Accident, suicide, or homicide			
				metery	Where did injury occur?			
Location		Middle	ourg, N	Maryland	injured at home, farm, industry, public place (where?)			
18. Funeral d	rector	C.E.Cli	ne and	Son	Means of Injury Injured at work?	~		
Address		Frederi			a at m	2).		
1 (1+		0	10 0 0 11 0	23. SIGNATURE A. C. CLASSE AM. D. or of	her/		
19. Date rec	d by regis	19.46		nabelle y Heck. Registrar	Address Trederick hd. Date signed 10	/16/46		

PEODIVED OCT 17 1946

h. a. a. Pears

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-2)

CERTIFICATE OF DEATH

10013 Reg. Dist. No. 144

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother) Maryland County Frederick			
City or town	State County Tredorick Lewistown			
50 weeks	City or town			
How long in above place of death?				
	Street No(If rurn), give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME				
Franklin Nimrod	Miller			
	i. Notes			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Married	20. DATE OF DEATH. October 7, 1946 ,18 P:M M			
6,(b) Name of husband or wife Della A. Miller	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
B.(c) If allve, give age 60 years	Jan 1º 19 4 6 10 Oct 7 19 4 6			
7 Right data of	and that I last saw h sur alive on Oct 7 - 19 46			
deceased (mo., day, yr.) August 27, 1866	Immediate come of death DURATION			
8. AGE: Years Months Days If less than one day	Circla personhage /2 hr.			
80 I IOhrsmin.	Injury - an accidental fall cugo			
9. Birthplace Lewistown, Frederick Co., Md.	Due to arlenal Schrous 4 yr			
10. Usual occupationRetired	Due to Jaho dorsalis: this disque 2 420			
11. Industry or business Mail Carrier.	sis was not resified.			
單 12. Name John William Miller	Other conditions			
13. Birthplace Lewistown, Md.				
# 14. Maiden nam Julia Ann Shaum	(include pregnancy within 3 months of death)			
	Major, findings of operations			
15. Birthplace Lewistown, Md.	Date of op.			
16. informant. Mrs Della Miller	Antopsy results			
Address Thurmont, Md. B.F.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
17 Burial (Burial, cremation, or removal, Which?) Date thereof Oct. IO, I946 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, flit in the tollowing; Accident, euicide, or homicide			
Cemetery or crematory. Lewistown Cemetery				
	Where dld Injury occur?			
Location Lewistown, Md.	Injured at home, farm, Industry, public place (where?)			
18. Funeral director M. L. Creager & Son	Meens of Injury Injured at work?			
Address Thurmont, Md.	Money (Besel with			
19. Oct. 10 1946 Blanche S. Eyler (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Lewwood M. D. or other Address Lewwood M. Date signed 0/9/1/6			

OCT 11 1946 BUREAU V &

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

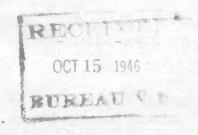
2411 N. Charles St., Baltimore 740

10014

CERTIFICATE OF DEATH

131 Reg. Dist. No

Uounty,	Pederick			2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Penna • County Adams		
			UKAL and give nearest town)	City or to Waynesboro (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution,	or street address where t	leath occurred	1:	Street No. 37 Cleveland	Avenue	
How long in hospital	or Institution? 2	Da ys	tal	(If rural, give LOCATION) None 2.(a) If veteran, name war.		
3. (a) FULL NA	ME ANNIE :			3. (b) Social Security Number None		
4. Sex	5. Color or race	6.(a) Sing	er merried, widowed, or diversed	MEDICAL CE	ERTIFICATION	
F	W		W	20. DATE OF DEATH OCT 11	19	21 3 30A N
	T	6.(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date abo CELOCUE 19. and that I last saw h. R	Toon 10	19.5-4
8. AGE: Ye	Months 2	Days 2	It less than one day	Immediate cause of death	n farefori	2 monotes
10. Usual occupatio	At Home	lor		Due to 12 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	30135	
14. Maiden nas	Etta Lau Adams Cou Hospital	iner inty	Penna.	(Include pregnancy within 8 r		
	Hospital Frederick			Autopsy results		
Buria		Date the	10/14/46	Accident, suicide, or homicide	Date of	
	Wayneshore	, Pe	nna.	Injured at home, tarm, Industry, public place (wi		
L0021109	Walter ?		40.4044.1444.140.440.400.400.400.400.400	Means of Injury	Injured at work?	
	Waynesbor	o, Pe	nna.	23. SIGNATURE of RSch	r l man	M. D.
19. \ Qt	olde 19 HL	J3	izabette G. Heck	Address Frederick, Mary	M. D. Vland Date signed	10-11-46



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2411 N. Charles St., Baltimore (83-2)

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MARGIN RESERVED FOR BINDING

VS A15

10015

• CERTIFICA	ATE OF DEATH Reg. Dist. No. / 380
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL NEAR and give town) Sireet address, hospital, or institution:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside risy or town limits, write RURAL NEAR and give town)
Stay in hospital or test. (yrs., or mos., or days)	Street No(If rural give LOCATION) (2(\alpha) IF VETERAN, NAME WAR
3. (a) FULL NAME Nellie Estelle Oder	3. (b) Social Security Number
4. Sex Fecual White Wedowed, or divorced 6 (b) Name of husband or wife Desiry Law Column	MEDICAL CERTIFICATION 20. DATE DF DEATH College 26 1946, st 5.7. M 21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If tess than one day 7 8 2 6	and that I last saw h 44 after on Catalans 25 - 19 % Immediate cause of death Output DURATION 1986
9. Birthplace Frederick County Med (Town, county, and stude) 1D. Usual occupation Hereby Her 11. Industry or business Harry	Due to
12. Name Theodore books 13. Birthplace Frederick Co. Web	Other conditions — Arternal Taylor Light L
14. Maiden name Arrew M. Shipley 15. Birthplace Frederich County 1. W.d. 16. Informant Mus Rettle Vage (daughter)	Major findings: Df operations Res Officials PHYSICIAN Please underline the cause to which death should be charged stallstil-
Address 17. But a land balance Dale thereof Oldy 446 (Burial, cremator, or removal, Which?) Cemetery or crematory Miles Olding Oldi	22. VIOLENCE: If dealh was due to external causes fill in the following: Accident, suicide, or homicide
16. Funerat director Havery & Carty Co. Address Judeniff, Md 10. 2 & Q. 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Injured al home, farm, industry, public place (where?) Means of tnjury 1 Injured at work? 23. SIGNATURE 23. SIGNATURE M. D. or other
19. 4 (Date rec'd by registrar) Registrar	Address Guenishburg MA Dale signed 10-26 + 6

(中国) NOV 14 1946 BURGAU V.S. 1 2-35

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-6)

10016

CERTIFICATE OF DEATH

131 Reg. Dist. No ...

How long in above Hospital, Instituti	Frederick Frederick (If outside city or town li e place of death? 1 X on, or street address where East Stree ital or institution?	mits, write RU ear death occurred: t		(If outside city or town limits, write RURAL and give nearest town limit				
			E PALMER			214-16-		
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced		MEDICAL (CERTIFICATIO	N	
F	C	S		20. DATE OF DEATH	Octobe	er 5th. 19	46 11:55Pm	
	day, yr.) August	5, 19	If alive, give ageyears	and that I last saw h.S.	2. 0 1 . v alive on (above stated; that I attend	19 46 19 2/8 DURATION	
8. AGE:	Years Months 2	Days	tf less than one day	Miliary	Tubercu	loses	2 mutts	
10. Usual occup:	Domest usiness Charles Pa	ic	ck-Maryland	Due to			c month	
14. Malden	mame Martha	L. Bea	ner ty Maryland	4	ude pregnancy within	3 months of death)	••••	
15. Birthplan	Frederic	k Coun	ty Maryland			Date of o		
			derick. Md.	PHYSICIAN: Please	underline the canae to	which death should be	charged statistically.	
Buri	al	Date there	10/8/46 (month) (day) (year)	Accident, sulcide, or h	omicide	causes, fill in the following	of	
Cemetery or o	St. Jo	hns Ce	metery	Where did injury occu-	(City or town	n) (County)	(State)	
Location	Freder	ick, M	aryland	tnjured at home, farm,	Industry, public place	(where?)		
1R Funeral dire	M. R.	Etchis	on and Son	Means of Injury		Injured at wo	ork?	
Address			aryland	1	2 04.44	Thomas &	., M. D	
19 (Date rec'd	et 19.46	Eli	Chille Hells. Registrar	23. SIGNATURE	erick, Ma		M. D. or other signed 10-7-46	

OCT 9 1946

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18-6

1. PLACE OF DEATH: Fred	lerick	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	DECEASED:	
State Senetar	ium, Maryland ts, write RURAL and give nearest town)	state Maryland Court		
(If outside city or town limit How long in above place of death?	5/12/45	(if outside city or town limits,	write RURAL and give no	arest town)
Hospital, Institution, or street address where des	allosis Sanatorium	Strest No. 1606 Patapsco		
How long In hospital or Institution?Since		(If rural, give 2.(a) If veteran, nams war		<u> </u>
3. (a) FULL NAME			3. (b) Social Security	
Lillian Rose Par	ks		216-20-4	302
4. Ssx 5. Color or race	6.(a)Singls, marrisd, widowed, or divorced	MEDICAL CE	RTIFICATION .	
Female White	Single	20. DATE OF DEATH. October 2	19. 46	1:00A
		21. I CERTIFY that death occurred on the date about May 12	re stated; that I attended dece	2 19 46
7. Birth date of deceased (mo., day, yr.) Marc	6.(c) If allve, give ageyears the 18, 1927	and that I last saw h. O.C. alive on	ctober 2	1946
8. AGE: Years Months 19 6	Days If less than one day 14hrsmin.	Pulmonary Tubercul	losis	21 Mos
Baltimore,	Md.		***************************************	**
9. Birthplace	D(Q ● unty, and state)	Due to.		**
		Oue to		**
11. Industry or businsss H 12. Name William Par		Other conditions		15
	-	(Include pregnancy within 3 m	nonths of death)	** 100
14. Maidsn nams Mary Your 15. Birthplace Baltimore	Ignar	Major findings of operations		
15. Birthplace Baltimore	e, Md.			
16. Informant Deceased		Actorsy results		
Address	77-1	22. VIOLENCE: If death was due to external cause	ses, fill in the following;	
Unknown (Burial, cremation, or removal, Which?)	Oate thereof (month) (day) (year)	Accident, suicide, or homicide	Date of	
(Burial, cremation, or removal, which?)		Whers did Injury occur?(City or town)		
Cemetery or crematory Unknown	<u> </u>			
Location	***************************************	Injured at home, farm, Industry, public place (wh		
18. Funsral director M. L. C1	reager & Son	Mesns of Injury	Injured at work?	
	t. Maryland	1 10.	4.1	
(h) 1/ }	MIMO	23. SIGNATURE	/\\	70 0
19. (Date rec'd by registrar)	Registrar	Addrsss State Sanatori	um, Md -Date signed	10/2/46
(Date Ice of D) Ice intral	**************************************			

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No...

County to the County of the Co	1. PLACE OF DEATH: 1 10 death	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Street No. (If outside sity or town limite, write RURAL and gife nearest town) Street No. (If outside sity or town limite, write RURAL and gife nearest town) Street No. (If outside sity or town limite, write RURAL and gife nearest town) Street No. (If outside sity or town limite, write RURAL and gife nearest town) Street No. (If outside sity or town limite, write RURAL and gife nearest town) Street No. (If outside sity or town limite, write RURAL and gife nearest town) Street No. (If outside sity or town limite, write RURAL and gife nearest town) Street No. (If outside sity or town limite, write RURAL and gife nearest town) Street No. (If outside sity or town limite, write RURAL and gife nearest town) Street No. (If outside sity or town limite, write RURAL and gife nearest town) Street No. (If outside sity or town limite, write RURAL and gife nearest town) Street No. (If outside sity or town limite, write RURAL and gife nearest town) Street No. (If outside sity or town limite, write RURAL and gife nearest town) Street No. (If outside sity or town limite, write According to the survey and survey and street of developed for survey and street cause of developed for sur	0-111-6 Hei-1+	manle 1 Frederick
Street No. (If outside city or town limite, write RURAL and gift nearest town) Street No. (If outside city or town limite, write RURAL and gift nearest town) Street No. (If outside city or town limite, write RURAL and gift nearest town) Street No. (If outside city or town limite, write RURAL and gift nearest town) Street No. (If outside city or town limite, write RURAL and gift nearest town) Street No. (If outside city or town limite, write RURAL and gift nearest town) Street No. (If outside city or town limite, write RURAL and gift nearest town) Street No. (If outside city or town limite, write RURAL and gift nearest town) Street No. (If outside city or town limite, write RURAL and gift nearest town) Street No. (If outside city or town limite, write RURAL and gift nearest town) Street No. (If outside city or town limite, write RURAL and gift nearest town) Street No. (If outside city or town limite, write Accounts of the street and gift nearest town) Street No. (If outside city or town limite, write Accounts of the street and gift nearest town) MEDICAL CERTIFICATION 20, DATE OF DEATH. 21, DATE OF DEATH. 21, DATE OF DEATH. 22, DATE OF DEATH. 21, DATE OF DEATH. 21, DATE OF DEATH. 22, DATE OF DEATH. 21, DATE OF DEATH. 22, DATE OF DEATH. 21, DATE OF DEATH. 21, DATE OF DEATH. 21, DATE OF DEATH. 22, DATE OF DEATH. 23, DATE OF DEATH. 24, Sat Accounts of the date above stated; that interested decessed from the date above stated; tha	(If outside city or town limits, write RURAL and give nearest town)	Braddock Heights
Street No. Control County	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Row long in hospital or Institution? 2.(a) If veteran, name war 2.(b) If veteran, name war 2.(c) If veteran, nam	Hospitat, Institution, or street address where death decurred:	
3. (a) FULL NAME 3. (b) Social Security Number A SEX 4. SEX 5. COOR of the standard of wide and the standard of the standa	/	(If rural, give LOCATION)
4. Sex 5. Color or Ish E. (Gykinge, married, widower, or diverged MEDICAL CERTIFICATION **Male White Natural Philipse State of Sec. (C) If alive, give age years deceased (m. day, yr.) \$\(\frac{1}{2}\) \text{ for alive on the britands or wife.} \$\(\frac{1}{2}\) \text{ Months Days It less than one day } \$\(\frac{1}{2}\) Months	How long to hospital or institution?	2.(a) If veteran, name war. Score
4. Sex 5. Color or Ish E. (Gykinge, married, widower, or diverged MEDICAL CERTIFICATION **Male White Natural Philipse State of Sec. (C) If alive, give age years deceased (m. day, yr.) \$\(\frac{1}{2}\) \text{ for alive on the britands or wife.} \$\(\frac{1}{2}\) \text{ Months Days It less than one day } \$\(\frac{1}{2}\) Months	3. (a) FULL NAME	3 (b) Social Security Number
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7. Birth date of deceased (mo. day, yr.) 3. AGE: Years 8. AGE: Years 9. Birthplace 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Birthplace 18. Informant 19. Date the roof, 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Date 18. Informant 18. Informant 19. Date the roof, 11. Carried 12. VIOLENCE: If death was due to external causes, fill in the following: 18. Informant 19. Date of op. 11. Carried 11. Carried 12. VIOLENCE: If death was due to external causes, fill in the following: 18. Carried 19. Date of op. 19. Carried 10. Usual occupation 11. Carried 12. VIOLENCE: If death was due to external causes, fill in the following: 18. Carried 19. Carried 19. Carried 10. Carried 11. Carried 12. VIOLENCE: If death was due to external causes, fill in the following: 11. Carried 12. VIOLENCE: If death was due to external causes, fill in the following: 12. VIOLENCE: If death was due to external causes, fill in the following: 18. Carried 19. Carried 19. Carried 19. Carried 10. Carried 10. Carried 11. Carried 12. VIOLENCE: If death was due to external causes, fill in the following: 12. VIOLENCE: If death was due to external causes, fill in the following: 18. Carried 19. Carried 19. Carried 19. Carried 19. Carried 19. Carried 10. Carried 11. Industry or business 12. Carried 13. Carried 14. Maiden name 15. Birthplace 16. Informant 16. Carried 17. Carried 18. Carried 19. Carried 19. Carried 19. Carried 10. Carried 11. Industry or business 10. Carried 11. Industry o	8.(b) Name of husband or wife	10 42 to Oct. 18 1946
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12. Name	1D. Usuat occupation. Relief merchant	Due to.
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Address Bradlock Heights - Ind. 17 Burish (Burial, cramation, or remaining St. Johns Centelly Location Deletick - Ind. Date thereof. (City or town) (County) (State) Injured at home, farm, industry, public place (where?)	0 - 0	Date of op.
Address Stadistick Heights - Not. 17. Burish Dale thereof 10-21-46 (Burial, cramation, or remaining St. Johns Centelly Location Frederick - Not. Location Frederick - Not. 17. Burish (day) (year) (month) (day) (year) (month) (day) (year) (where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)	18. Informant	Autopsy results
Dale thereof County Coun	Address Braddock Heights - Ind.	
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Location Frederick - M. Injured at home, farm, Industry, public place (where?)	(Burial, cremation, or removal, Which!) (month) (day) (year)	
Location	Cemetery or crematerye St. Johns Chnelly	Where did injury occurr (City or town) (County) (State)
Means of Injury Injured at work?	Location & reservice - ml.	Injured at home, farm, Industry, public place (where?)
18. Funerat director. C. C. Clause and Son	10 Emmi Strate C. E. Cline and Son	Means of Injury Injured at work?
2 1 2 1		() = 11 , 30
Address Frederick- M.D. or other	Address Superiore - 199.	23. SIGNATURE 2 Harp Ma
19. 21—Cet 1946 Elizabella 9. Hoch. (Date rec'd by registrar) Date signed 15—18—45	19 DI- Cect 1946 Elyabelle J. Heck.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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OCT 22 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

* \\$10019 Rog. Dist. No. / 37

County Co
City or town limits, write RURAL and give nearest town
How long in above place of death?
Hospital, Institution, or street address where death occurred: Street No.
How long to hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number Calculate Advisors 4. Sex 5. Color or race 6. (a) Single. married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH. October 2 19 5 21 7 30 P. B. Color or wife Advisors of the second of the date above at a lated; that Latender decreated (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 9. Birthplace. (Town, county, and state) Due to Due to
How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number Clause Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that destirectured on the date above at a test in the lattended descaped from the descaped from
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4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION MEDICAL CERTIFICATION 20. Date of Death. Of Death. 25 19.45 21.73.30 P. M.
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4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH. Cloth 25 19.45 19.45 19.45 20. DATE OF DEATH
9 Male 9 Mate 9 Mariel 8. (b) Name of husband or wife fullin For Butting at 21. I CERTEY that death occurred on the date above at ated; that Lattended deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 7. 6 18 29 hrs. min. 9. Birthplace Tealurich Common and states 10. Due to. Due to.
8. (b) Name of husband or wife
8. (b) Name of husband or wife
8. (c) Hame of nusuand or wife 8. (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 9. Birthplace Table County, and state (Town, county, and state) 10. Ilsust occuration 7. Birth date of deceased (mo., day, yr.) 12. Due to. Due to.
7. Birth date of deceased (mo., day, yr.) Seed 1, 869 8. AGE: Years Months Days it less than one day 1 mmedian could death DURATION 9. Birthplace Town, county, and state 10 min.
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9. Birthptace Tabril Co. Clarify I Due to. Due to.
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10. Usual occupation
11. Industry or business Retired
12. Name Other conditions.
ti // 2 - 2 /
(Include pregnancy within 3 months of death)
E 14. Major findings of operations.
15. Birthplace Manyland Date of op.
16. Informant Mon Jakin T Outhunger Autupsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hahon Budge And
Date thereof. Date thereof. J. 5 4 6.
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year) Accident, sulcide, or homicide
Cemetery or crematory. Central Claud Cemater (City or town) (County) (State)
Location Felentite ; Han Fording Rendered at home, farm, industry, public place (where?)
18. Funerat director. A D South of the Means of injury trijured at work?
li is a self of a contract to the lite
Address the Singer Vew Worker The 23. SIGNATURE Of CONTROL OF CONT
19 Now It 10 the brad Curpor / De Provilla M. D. carpet 32
19. (Date rec'd by registrar) Registrar Address Address Oate signed Oate Sign



MARYLAND STATE DEPARTMENT OF HEALTH

age	2411 N. Cha	rles St., Baltimore 83th	10020
rect	CERTIFICA	TE OF DEATH	Reg. Dist. No. 3
of death clearly and legibly.	1. PLACE OF DEATH: County City of town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurrent: How long in hospitat or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF COMES OF C	nty Trederile , write/RURAL and give nearest town)
n of info	4. Sex Nole Colored 6.(a) Single, manthet, widowed, or divorced Trigle	MEDICAL CE Ostolier	ERTIFICATION 45
rery iten	6.(b) Name of husband or wife	21. I CERTIFY the death occurred on the date abo	ve stated; that I attended decoased from
INK. Supply evens: please write	7. 8 irth date of deceased (mo., day, yr.) March 17, 186/ 8. AGE: Years Months Days If less than one day hrs. mj	Immediate cause of death Chrebral Cumorilog	DURATION
INFADING INK nt. Physicians:	10. Usual occupation. 11. industry or business 12. Name. 13. Birthplaco Many Canal	Out to	
Y, WITH UNI	14. Maiden name Millie Hooley 15. Birthptace 16. Informant 14. Maiden name Millie Hooley 16. Lecond 16. Lecond	Major fiudiugs of operations	Date of op.
E PLAINLY, is especially	Address 17. (Burial, gramation, or removal. Which) Cemetery or eventury Cemetery or eventury Company of the state of t	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	ses, fill in the following;
SE WRIT	Location Closing Town 18. Funeral director 5. If Walts	tnjured at home, farm, industry, public place (w) Means of injury	
PLEAS	Address 19. 10 - 18 Elizabeth 4. Tech (Date rec'd by registrar) Registra	23. SIGNATURE Berused Me	d M.D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

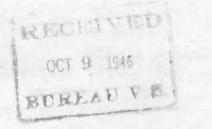


CERTIFICATE OF DEATH

10021

Reg. Dist. No. 131

1. PLACE County F1	reder	ick) III	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of Maryland	PF DECEASED: mother) Frederick	
City or town	reae	rick-Ri	imits, write R	F. D. #5 URAL and give nearest town)	State Frederick-Run	el R. F. D.	#5
How tong in abo	ve place of	leath? 50	Year	S	(If outside city or town limit	s, write RURAL and give ne	arest town)
Hospital, Institu	ition, or stri	set gootess where	death occurred	:	Street No. Braddock	*****************	.,
***************************************	ldock			••••••••••••••••	(lf rural, give None	e LOCATION)	
		tilutios?	•••••	***************************************	2.(a) If veteran, name war.		
3. (a) FULL	NAME					3. (b) Social Security	Number
		LOTTI		E REEDER		Mone	
4. Sex	5	Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
F		W		M	20. DATE OF DEATH. October	5th, 1946	a 9:15A M
		Walte	er S.	Reeder	21. I CERTIFY that death occurred on the date ab	ove stated; that Latlended dec	eaged from
6.(o) Name of	nusband oza		A	75	any & Lu 16	Se 10 Get 6	1946
7. Birth date of		Januar		e) If alive, give ace 75	and that t last sawh	loty 30	19 4
deceased (m	o., day, yr.) Years	Months	Days	If less than one day	Immediate come of death	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DURATION
8. AGE:	74	9	3		Looks at A	less somt	Bolly
				hrsml		J. Vywya	
9. Birthplace.	shook	stown-	county, and	ick-Maryland	Bue to Bue to	enum	1990
10. Usual occi		At Ho		ourse)	AM AF BALL	62-	- jun
		*****************	• • • • • • • • • • • • • • • • • • • •	***************************************	Bue to.		***
11. Industry or		st L.	Migg		-		
E 12. Name.		altimo		rvlend	Cther conditions		** ************************************
13. Birlho					(Include pregnancy within 3	months of death)	**
14. Maide	n name	Mary G	Neun	ionu	Major findings of operations		
≥ 15. Birthp	lace HO	ward U	ounty	ond Mary land or		Date of op	
16. Informant.	Wal	ter S.	Reede	r	Autopsy results		
Addres R.	F.	D. #5,	Frede	rick, Marylan	PHYSICIAN: Please underline the cause to w		I atatistically.
R11.7	25 07			10/8/46	22. VIOLENCE: If death was due to external ca		
(Burial, er	emation, es	romeval, Which	.,	(monen) (de)/ (jear)	Accident, suicide, or homicide		
Cemetery or	crematory	Mount	Olive	t Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location		Frede:	rick,	Maryland	injured at home, farm, industry, public place (v	where?)	
1		1/ D		son and Son	Means of injury	injured at work?	
18. Funeral d	rector			, , , , , , , , , , , , , , , , , , , ,	7.11	10/2 dass-	
Address	-	r rede	LTCK	Maryland	23. SIGNATURE	Terro	M. D.
19. 7	ect.	19 H G	7	lis cheth & Heal	Frederick, Man		or other 10-5-46
(Date rec	d by regist	rar)		Registra	Address	Date signed	70-0-10



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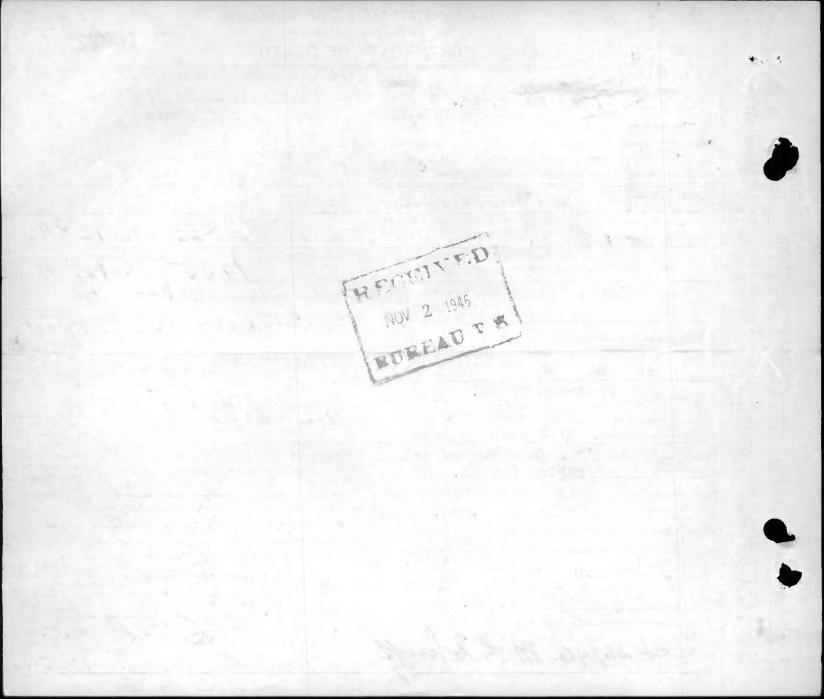
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	MARYLAND	STATE	DEPARTMENT	OF	HEALT
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Bureau of Vital Statistics, Baltimore 467



1. PLACE OF DEATH: Frederick	2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) County Frederick (b) City or town Emmitsburg, Md.	(a) State Maryland(b) County Fredrick
(If outside city or town limits, write RURAL and give town) (c) Street address, hospital, or institution:	(c) City or town
(d) Length of stay in hospital or inst. (yrs., mos., or days). 46 year	(d) Street No(If rural give location) (e) If foreign born, how long in U. S. A.?years
3 (a) FULL NAME Allen Charles Rosensteel	
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION 14 850
World War f. No.	20. Date of death 25 1976 at 1289 M
4. Sex m 5. Color or race divorced. married, widowed, or milde	21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to 0425 1946
6 (b) Name of husband or wife Laura Gertrude Topp Rosenstael 6. (c) If alive, give age 38 years	
7. Birth date of deceased (mo., day, yr.) April 9, 1900	
8. AGE: Years Months Days If less than one day	Due to
46 6 16hrmin.	Due to
9. Birthplace Fredrick Co Md.	Instantant to
(Town, county, and state) 10. Usual occupation Chaff our	Other conditions Allatter Ag
11. Industry or business St Joseph College	(Include pregnancy within 8 months of death) Major findings: Undealing the
12. Name Theodore John Rosensteel	Of operations cause to which
13. Birthplace Fredrick Co. Md.	Of autopsy death should be charged statisti-
14. Maiden Name Mary Theresa Eckenrode	caily.
15. Birthplace Fredrick Co. Md.	22. If death was due to external causes, fill in the following:
16 (a) Informant Laura J. Bosensteef	(a) Accident, suicide, or homicide
(b) Address Commitsbury Md.	(b) Date of occurrence
(b) Address Mad. 17 (a) burial (b) Date thereof Oct 28, 19 (Burial, cremation, or removal) (c) Cemetery or crematory St Anthony Shrine Ce	(w) Did mighty occur about nome, on farm, modernal place, in public
Location Emmits burg. Md.	metery place?While at work?
18 (a) Funeral director	(e) Means of injury
(b) Address Emmitsburg. Md Q	23. Signature W. Calle M.D. or other
19 (a) Otto rec'd by registary 400 M. To Registary	Address Messerthers Mes Date signed 10-25-4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Diat. No. ...

1. PLACE OF DE	EATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	. 0
County Fred	erick		Du 1. / 1 1-20 10-	ich.
CIL	raddae	k Heights - Kural imits, write RURAL and give nearest town)	State County County	
(1f	outside city or town !	imits, write RUICAL and give nearest town)	City or term: (If outside city or town limits, write RURAL and rye)	on work forwark
How long in above place	e of death? or street address where	death accuracy	45 E. Patrick Sh	earest town)
			Street No. 45 E. Patrick Sh	
		the state of the s	2.(a) If veteran, name war.	
	or institution?		2.(a) If veteran, name war	
3. (a) FULL NAM	1E		3. (b) Social Securit	y Number
	7	IRANH MAX	Shapro 1	
4. Sex	5. Color or racs	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
				113
Male	White	Married	2D. DATE OF DEATH OCT . 6 19.40	1 6 10 F M
R (b) Name of hundram	wife M. E3	relyn Grove Shapro	21. I CERTIFY that death occurred on the date above stated; that I attended de	
			19	19
7. Birth date of			and that I last saw h . M dead Oct. 6	19.46
deceased (mo., day.	.yr.) Februar		Immediate cause of death	DURATION
8. AGE: Yea	rs Months	Days If-less than one day	Cornery Thrombosio	Blow
5	4 7	15min.		
B	al sie	mansland		
9. Birihplace	(Town	county, and state)	Due to	***************************************
	Cuton	retriet		*****
1D. Usual occupation			Due fo	*****
11. Industry or busine	ess	0.0	,,	
12. Name	Jacob	Shapra	Other conditions	****
12. Name	new	yolk.		
M. 13. Birthplace	Berel	To Summer or	(Include pregnancy within 3 months of death)	
14. Maiden name	e	a sunav	Major fiadings of operations	********************************
15. Birthplace	new	york		
Mar	a 4 m.	Slesson	Autopsy results	
16. Informant		. 11042 (10)	PHYSICIAN: Please underline the cause to which death should be charge	ed statistically.
Address 45	E. Patri	ck st Tred R: M	22. VIOLENCE: If death was due to external causes, fill in the following:	
9 Bur	ial	Date thereof 10-9-46		
(Burial, crematic	on or removal. Which	(month) (day) (year)	necessity whereast or manifestation	
Cemetery or crame	vary mt.	Elivet Climetery	Where did injury occur?	(State)
dominion, or dame	2	anich my	Injured at home, farm, Industry, public place (where?)	
Location	Jua			
18. Funeral director.	C. E.	line and son		
	7 res	lesi b mes.	Bernard Humas J. M.D.	11. 101
Address	3 100	week-	22 SIGNATURE // SSI . Deputy	<i>lamerer</i>
10 8 ()	1944	Elizabeth J. Heck	M. 1	D. or other
(Date rec'd by		Registrar	Address Frederick M. Date signed	oct. 6, 1946



PLEASE WRITE PLAINLY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77-6/

B-		1094
	all !	157
	Reg. Dist.	No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
P. Dast	State Md county Frederick
(If ontside city or town limits, write RURAL and give nesrest town)	Le le le
How long in above place of death?	(If ontside city or town limits write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
HARRY EDWARD Sh	eltoN 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w married	20. DATE DE DEATH. 6 CT 11 18 46 at 10 A. M
6.(b) Name of husband or wife Clara Ellew Getzen —	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
dasses \$.(c) It alive, give age 4.2 years	19
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
S. AGE: Teas monins Days Tress than one day	a call alcombin 6 h
9. Birthplace. Includerick Co (Town, county, and state)	Due to
10. Usual occupation Tabover	
	Due to
1t. Industry or business	
12. Name Face Shelton.	Dther conditions
# 14. Maiden name Minsais Burrier	(Include pregnancy within 8 months of death)
15. Birthplace Fred. Co.	Major findings of operations.
2) 13. Dirimpiace	Date of op
18. Informant MAD Clerke Add Illih	Autopsy results.
Address Le hertesterin md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof Oct 14, 1946	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Union Chapel	Where did injury occur?
Location mr. Liberty town	Injured at home, farm, Industry, public place (where?)
18. Funeral director P. C. Blanton	Means of injury Injured at work?
Address Walkersville, md	P.W. Boer Bying
	23. SIGNATURE
19. Oct 1 4 19 40 Octa 1. Confinal Registrar	Address Freduck, I'mel Bate signed 10 1/2. 16



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

1()()25 Reg. Dist. No./32

1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Frederick	State ML County Exedericle
(If outside city or town limits, write RURAL and give nearest town)	0 12.1111
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
II Beiglan	J. (0) Journal Jecurity Number
4. Sex 5. Color or race 1.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH OCT 1946 215-55PM
6.(b) Name of husband or wife Land Care B. S. G. C.	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of	and that I last saw h Am alive on Sabt 2 1 19.66
deceased (mo., day, yr.) August 12, 1878	Immediair cause of death OURATION
8. AGE: Years Months Days It less than one day	Immediate (Insect Cases)
68 \ 24min.	(gronary Occlusion
9. Birthplace Middle to on Frederick Co-Md.	Due to Sudden
10. Usual occupation Farmal	
11. Industry or business	Oue 10
	Other conditions
12. Name William Sigle:	
	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Oate of op.
16. Informant LULY Signer	Autopsy results
Address Alid ate tokon I'ld.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof Oct. (month) (day) (year)	Accident, suicide, or homicide
1 11	Where did injury occur? Are
1 11 1	
Location Middle town 1814	tnjured at home, (Arm), Industry, public place (where?)
18. Funerat director Gladkill	Mesons of Injury Injured at work?
Address Middletown, Md.	15 Houp Mer.
19. Oct 4 19 4 h maire Gladbill Registrar	23. SIGNATURE M. D. or other Address M. D. or other Bate signed (0-2-46)



Test .



is shacea an The correct age 2411 N. Charles St., Baltimore /69 08 NOV 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH every item of information carefully. The city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 4. Sex MARGIN RESERVED FOR BINDING 6.(c) Ti alive, give age ADING INK. Supply eve Physicians: please write 7. Birth date of deceased (mo., day, yr.) It less than one day 8. AGE: min. 9. Birthplace. ADING 10. Usual occupation. 11. Industry or business WITH UNF 14. Malden na t5. Birthplace 14. Malden name PLAINLY, vis especially Address Date thereof.. (month) (day) (year) (Burial, cremation, or removal. Which?) WRITE PLEASE 18. Funeral director Address (Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

Reg. Dist. No.

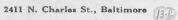
	al, give LOCATION)
2.(a) If veleran, name war	
Simms	3. (b) Social Security Number 219-12-180
MEDICA	L CERTIFICATION
20. DATE OF DEATH	22 11/6 11320
21. I CERTIFY that death occurred on the	date above stated; that I attended deceased from
8.4	£.19
and that I last saw halive on	een 18 Kull DURAT
Immediate cause of death	en 18 kell DURAT Ken
couped for	u
14 0	- Lu
Due to Guleur	e cupus
Due to	
••••••	
Other conditions	
(Include programmy W	rithin 8 months of death)
Major findings of operations	
	Date of op.
PHYSICIAN: Please underline the cau	se to which death should he charged statistically.
22. VIOLENCE: If death was due to ext	
22. VIOLENCE: IT BEST WAS BUE TO EXT	le deur pais at 0 4 2
Accident, suicide, or nomicide	Town) (County) (State)
Where did injury occur?	town) (County) (State)
(City o	12.10 10 10 11
(City of	place (where?)
Injured at home, farm, Industry, public Masses at Injury	place (where?)

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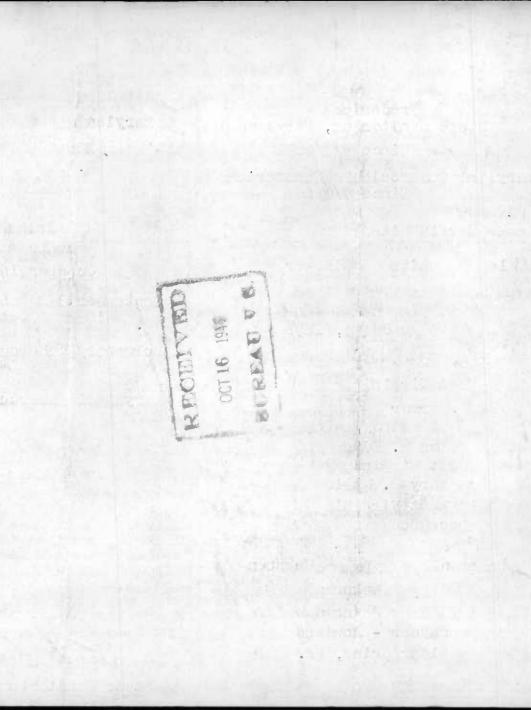
MARYLAND STATE DEPARTMENT OF HEALTH



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		V/1	12146	

1. PLACE OF	Trans.	derick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
City or town State Sana to rium, Mary land (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 9/3/46 Hospital, institution, or street address where death occurred:				State Maryland county Washington City or town Big Pool (If outside city or town limits, write RURAL and give nearest town)				
Mary 19	nd Tubberc	e death occurred	Sanatorium	Street No. R. 1				
Maryland Tuberculosis Sanatorium How long in hospital or Institution? Since 9/3/46				(If rural, give 2.(a) If veteran, name war				
3. (a) FULL NA		***************************************		Z.(u) It veterall, name war				
` '	Marvin Si	tes			3. (b) Social Security None	Rumber		
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CI	ERTIFICATION			
Male	White		dower	20. DATE DF DEATH. October 1		a. 2:15Pm		
		6.(c) It alive, give ageyears	21. I CERTIFY that death occurred on the date abo September 3	ove stated; that I attended dec	eased from L4 19 46		
deceased (mo., d		ust 5,		Immiediais cause of death				
o. Mun.	lears Months 48 2	0ays	If less than one dayhrsmin.	Pulmonary Tubero	ulosis	3 Yrs.		
9. Birthplace West Virginia (Town, county, and state) 10. Usual occupation Farmer 11. Industry or business				Laryngeal Tubero	ulosis	3 Mos.		
12. Name 13. Birthplace	West Vir			Differ conditions				
		. Mall	ow a	(Include pregnancy within 8 s				
16. Informant	Doggood			Antopsy results				
17. Unk (Burial, crema	nown Burnstion, or removal. Which	L Date there	month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide				
Cometery or crematory Thenown Tisamore			in Tisamore	Where did injury occur?(City or town)	(County)	(State)		
			wn W.Va.	Injured at home, tarm, Industry, public place (w	here?)			
16. Funeral direct	Snyder	- Row	land	Means of Injury	Injured at work?			
Address	•	pring,	~ //	96				
. 10	/ 19 / 19 y registrar)		KN 60	23. SIGNATURE		· XXXX		
(Date rec'd b	y registrar)		Registrar	Address State Sanatori	Mil IVI C Date signed			



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore & @

CERTIFICATE OF DEATH

10028 131

Reg. Dist. No...

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infinite give ry idence of mother) State Residence (Home) of DeceaseD: (For newborn infinite give ry idence of mother) State Residence (Home) of DeceaseD: (For newborn infinite give ry idence of mother)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospitat, institution of street address where death occupied:	Street No.
How long in hospital or inethation?	(If rurn), give LOCATION) NONE 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
oxer N. Augue	None
4. Sex Male 5. Color or race 6.(a) Single, married, wildowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 1946 20 6 4 0 1
8.(5) Name of husband or wife Eda Waller shuyder	21. I CERTIFY that death occurred on the date above stated; that latended deceased from
7. Birth date of deceased (mo., day, yr.) Spril 19, 1866	and that I last baw h Lissative on Dolotter 23 19 46
8. AGE: Years Mooths Days tf less than one day 4hrs	Immediate cause of death Carebrol herrorhoge Burnth
9. Birthplace Dellaster Pellusefracea (Town, Johnty, anglesty)	Oue to
10. Usuat occupation.	Oue to
12. Name Slives Sugar 13. Birthplace Exterita Co Presidencia	Other conditions
14. Maiden name Susan Forning	(Include pregnancy within 3 months of deuth) Major findings of operations.
15. Birthplace Merata Co, Preedantivecia	- Date of op.
Address Tuesdises Hosp Trelle, Med.	Autopsy results
Burial Bale thereof 10/26/46 (Burial, crematic, or removal, Which?) (Burial, crematic, or removal, Which?) (Burial, crematic, or removal, Which?)	22. VIOLENCE: 1f death was due to external causes, filt in the following; Accident, suicide, or homicide
Cemetery or ocemetery Center Church Eemetery	Where did injury occur?
Location Near Shillington, Pennsylvania	Injured at home, farm, industry, public place (where?)
18. Funeral director. M. R. Etchison and Son	Means of Injury tnjured at work?
Address Frederick, Maryland	- Bernard Homas Jr. M.D.
19. 24 Oct 1946 Elizabeth 4 Heck (Date rec'd by registrar) Registrar	Fi. D. or other

RECTED TO 1046

A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: Frederick			2. USUAL RESIDENCE (HOME) OF DECEASE (For newborn infants give residence of mother)			
Po	int of Ro	ocks	State Maryland County Frederick			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?			Point of Rocks (If outside city or town limits, write RURAL and give nesrest town) Street No			
			(If rural, give LOCATION) None 2.(a) If veteran, name war	***************************************		
3. (a) FULL NAM				ocial Security Number		
4. Sex	5. Color or race	6.(a) Single, merried, withowed, or divorced	MEDICAL CERTIFIC	ATION 7		
M	C	S	20. DATE DE DEATH O CO 26	19 46 at 5:30 A		
8.(b) Name of husband	or wife		21. I CERTIFY that death occurred on the date above stated; the	at I attended deceased from		
		6.(c) If alive, give ageyears	dead of	11 B 19 41C		
7. Birth date of deceased (mo., day.	IInlm		Immediate cause of death.			
8. AGE: Year 60	s Months	Days If less than one dayhrs,min.	immediate cashe g destin	104		
9. Birthplace	Odd To	county, and state)	Due to			
11. Industry or busines						
12. NameU	nknown Unl	known	Other conditions			
nd i	IInknown		(Include pregnancy within 8 months of dec	ath)		
14. Malden name t5. Birthplace		Jnknown	Major findings of operations.			
M	rs. C. 0	Bowins	Autopsy results.			
16. informant		Rocks, Maryland	PHYSICIAN: Please underline the cause to which death sh	onld he charged statistically.		
Burial Burial Date thereof 10/29/46			22. VIOLENCE: If death was due to external causes, fill in the Accident, suicide, or homicide	e following; P Gate of 1/0 · 26 · Y t County) (State)		
Point of Rocks, Maryland			Injured at home, farm, industry, public place (where?)			
18. Funeral director. M. 'R. Etchison and Son			1.0	ofed at work?		
Address	Freder	ick, Maryland	Ruskan	guily west		
19. 28 - Q (Date rec'd by re	19.46	Elizabeth & Heck.	23. SIGNATURE // Address /	M. D. or other Date signed 18.26.46		



NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

County Fred	erick		(For newborn infants give residence of mother) Naryland State Maryland County Frederick		
City or to Frederick (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? 2 Years Hospital, institution, or street address where death occurred: Francis Scott Key Hotel			City or term. Frederick (If outside city or town limits, write RURAL and give nearest town) Street No. Francis Scott Key Hotel (If rural, give LOCATION) World War I		
How long in hospita	al or Institution?		2.(a) If veteran, name war. WORIG WAR I		
3. (a) FULL NA		S MATTHEW TIERNAN	3. (b) Social Security Number 050-01-2960		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M	W	M	20, DATE OF DEATH OCH 24 1946 21 3 A		
6.(b) Name of buels 7. Birth date of deceased (mo.,	Santa	Moran 6.(c) If allive, give age. 42 mber 26, 1896	and that i last saw h		
8. AGE: Y	ears Months O	Days If tess than one dayhrs			
10. Usual occupati	Manager Francis Francis Francis	Scott Key Hotel	Due to Due to Dither conditions		
14. Maiden na 15. Birthplace	Taunton, Mrs. Ann	Mass	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.		
16. Informant	Mrs. Aim	t Vor Hotel Fred!	Actopsy results		
Burial (Burial, cremation, or removal. Which?) Cemetery or cremator) Address Patters Scott Rey Hotel, 11 Ed. R., Bate thereof. 10/28/46 (month) (day) (year) Cemetery or cremator)			22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location MC	ount Pleas	ant, New York	injured at home, farm, industry, public place (where?)		
18. Funeral directo	M D D	tchison and Son	Means of Injury Injured at work?		
Address	Frederi	ck, Maryland	23. SIGNATURE A A TULL UD M. D. grother		
19. 2 H (C	et 1946	Elizabeth J. Heck	HIO de 1 14 ld 10 24 4		





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10031

1. PLACE OF DEAT	rederic			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Frederick				
City or town			Clty or town					
				(If rural, give I NO	LOCATION)	******************************		
3. (a) FULL NAME					3.(b) Social Security Number			
4. Sex 1	5. Color or race	6.(a)Single	, married, widowed, or divorced		MEDICAL CE	RTIFICATION		
Male	White		Married	2D. DATE DF DEATH	October	13, 1946	12:30 PM	
6.(b) Name of husband or wife Addie V. Troxell 6.(c) If allve, give age 73 7. Birth date of deceased (mo., day, yr.) February 14, 1673				21. I CERTIFY that death	n occurred on the date abov	e stated; that I attended dec 16 to October 16 to I 3	eased from 19. 4. 6. 19. 4. 6. 19. 4. 6.	
8. AGE: Years 73	Months 7	Days 29	If less than one dayhrsmin.	Immediate cause of de	monia hy	postatie	DURATION Z days	
9. Birthplace Rocky Ridge, Frederick Co. Md (Town, county, and state) Retired 11. Industry or business Farmer 12. Name Elias Valentine.				Due to		mhazi s welitus	5 mks.	
14. Malden name 15. Birthplace	Moriah V Rocky Ri	etzel .dge,	Md.	(Include pregnancy within 3 months of death) Major findings of operations				
Address Rocky Ridge, Md. Burial (Burial, cremation, or removal, Which?) Mt. Takor (Local Month) (day) (year)			PHYSICIAN: Please un 22. VIOLENCE: If deal Accident, suicide, or hor	nderline the canse to whi th was due to external caus micide	Date of	statistically.		
Cemetery or crematory. Mt Tabor Com. Location Rocky Ridge, Md.				Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)				
18. Funeral director	M. L. C		r & Son	Means of injury	ans of	Injured at work?	1	
10 1	1946	0/	anche S. Eyler	23. SIGNATURE		Isli Bus M. D. M.D.	Cut 15 1940	

OCT 17 1946 SURFAU V B



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH



10032 Reg. Dist. No.....

... Bate signed 10/22/46

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED:
Uounty, A	(For newborn infants give residence of mother)
	Maryland Frederick State Ridgeville City or town (If outside city or town limits, write RIRAL, and city persent town)
(If outside city or town limits, write RUBAL and give nearest town) How long in above place of death?	Ridgeville
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	City or town (If outside city or town limits, write RURAL and give nearest town) R.D. Mt. Airy
	(If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
DORA ElizAbet	4 Wathins 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH Oct. 22 19.46 31.5:45 M
6.(6) Name of husband or wife Milton Watkins	21. I CERTIFY that death occurred on the date above stated: that Laitended deceased from
73	21. I CERTIFY that death occurred on the date above stated; that i altended deceased from
7. Birth date of	and that I last saw h lize alive on Och 21, 1946
7. Birth date of deceased (mo., day, yr.) March 14, 1877	
8. AGE: Years Months Days If less than one day	Immediate cause of death
69 7 8hrs.	Coronary arderio-schron 6mo?
Carroll Co. Maryland	
	Uge to
(Town, county, and state) Housewife	
10. Usuat occupation.	Due to
11. Industry or business	
Daniel Phebus	Other conditions Chr. Myocarditis 104900
Maruland	Uther conditions
13. Birthplace Mary Fand	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace Maryland	
Mr. Willion Walkins	Date of op.
16. Informant Mt. Airy, Md.	Autopsy results. World
Address Mt. Alry, Md.	PHYSICIAN: Please underline the cause to which dooth should be charged statistically.
Address Burial Bate thereof (Bnrial, commation, so removal, Which?) Cemetery or orematory Address Bate thereof Cemetery or orematory	22. YIOLENCE: If death was due to external causes, fill in the following:
17. Bate thereof 10 24 24 20 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or oremalory.	Where did injury occur?
Mt. Airy, Carroll Co. Md.	
L90411011	injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury tnjured at work?
Winfield Wd	
Address VVIIII Letu, Miles	- 22 SIGNATURE Washings abill
1.0.t. 23 .46 QUarante	M. D. or other,
(Date rec'd by registrar)	Address Mary - Med Bato signed 10/22/46

LINE OF TRAFFICATION 9461 92 130

VS



2411 N. Charles St., Baltimore (774)

10033 Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Frederick				State Maryland County Frederick		
(If outside city or town limits, write RURAL and give nearest town) How tong in above place of dealh? Years			tURAL and give nearest town)	City or term (If entaile city or town limits, write RURAL and give nearest town)		
525 Nort	Hospital, Institution, or street address where death occurred: 525 North Bentz Street				e LOCATION)	
				2.(a) If veleran, name war. None		
3. (a) FULL NAM		ES WII	LIAM WHEELER		3. (b) Social Security N 217-10-0478	
4. Sex	5. Color or race	6.(a)Sing	er married, widewed, or divorced	MEDICAL C	ERTIFICATION	
M	W		M	2D. GATE DF DEATH. Octobe	er 13, 1946	? "
6.(b) Name of heaband 7. Birth date of deceased (mo., day,	UI WILE	6.(follis c) If alive, give age 55 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		
8. AGE: Year 67		Days 20	if less than one dayhrs min.	Immediate cause of death	erhaling	DURATION 3 Leng
9. Cirthplace Laurel, Maryland (Town, county, and state) 10. Usual occupation. Molder 11. Industry or business Frederick Iron & Steel Co.				Due 10	leolevin	1000
12. Name	nknown Unl	mown		Other conditions		************************
14. Maiden name. Unknown 15. Birthglace Unknown			own	(Include pregnancy within 8		
Mrs. Isabelle N. Wheeler Address 240 E. Church St., Frederick, Md Burial Cemelery or sematory Mount Olivet Cemetery				Autopsy results		
			(month) (day) (year)	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Dale of	(State)
Location			Maryland	tnjured at home, farm, industry, public place (w		
19 Funeral director	M. R. 1	Etchi	son and Son	Means of Injury	injured at work?	
Address	Freder	ick, l	Maryland	23. SIDNATURE	Deputy Me	dical
19. 15 Q c	T 19 46	8	lizabeth G. Heck	Address Frederick, Mar	yland Date signed	

OCT 17 1946

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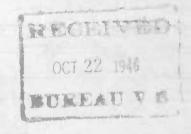
CERTIFICATE OF DEATH

	admin		-	-
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CERTIFICA	TE OF DEATH Reg. Dist. No. 13
1, PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
7 10 10-16	State Med: County Frederick
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or term (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 30 x N. College Parkway
30x n. College Parkway	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war none
3. (a) FULL NAME I letcher Engls	re Worthington none
4. Ssx 5. Color or race 6.(a) Singler married, widowed, or diverged	MEDICAL CERTIFICATION
male White Widowed	20. DATE OF DEATH OCT. 18- 1946 at 2 A
8,(6) Name of Arobert or wife many E. Morvis	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
7. Birth date of	and the last saw h and alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days tf less than one day	Immediate cause of death
87 0 / hrs. mir	Carrie of Pantite 6 mg
9. Dirthplace Harvard - Delinais	
9. Birthplace	Due to
10. Usual occupation. Settled merchant	Due to
11. industry or business	
12. Name John Worthington	Other conditions December Justine
13. Birthplace London-England	(Include pregnancy within 3 months of death)
14. Maiden name Ellen Gurley 15. Birthplace Ireland	Major fiadings of operations have
\$ 15. Birthplace Ireland	Date of op.
16. informant This pluscilla Horthington	Astopsy results
Address I referick - Ind.	
17. Burial Date thereof 10-21-46	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, esemation, or removal, White,	Where did leiury occur?
Cemetery or orematory	(City or town) (County) (State)
Location De CD: X S	Means of Injury Injury Injury Injured at work?
18. Funeral director. C. E. Cline a Son	66921
Address Frederick - Mod.	23. SIGNATURE A. Charles Verre M.D
19 /0 - 18 (Date rec'd by registrar) 19 46 Clip abuth 4 Hedistra	M. D. or other Address Frederick Med Bato signed 18/4.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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PLEASE WRITE

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(I)	PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and
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1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10035

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Diat. No. 139

County. Frederick City or town State Sanatorium, Maryland (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Since 9/9/46 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Since 9/9/46				state Maryland County Baltimore City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 3718 Mt. Pleasant Ave. (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAME John Zo	ch			3. (b) Social Security Number 215-01-7785	
Male 5	White	6.(a)Singl	e, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH October 12 19 46 at 10	:00 ^A
6.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 9 19 46 oct. 12 19 46 and that I last saw im alive on October 12 19 46	
8. AGE: Years 36	Months 11	Days	If less than one day	Pulmonary Tuberculosis 4	Mos.
9. Birthplace Baltimore, Md. (Town, county, and state) Laborer 10. Usual occupation				Laryngeal Tuberculosis 2	Mos.
12. Name Frank Zoch 13. Birthplace Germany				Other conditions	,
14. Malden name Rosilie Ostrawski 15. Birthplace Germany				Major findings of operations	
18. Informant Deceased Address				Actorsy results	
17. (Burial, eremation, or	removal, Which?)	known	(month) (day) (year) Resement	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide	
18. Funeral director	M. L. C. Thurmon	reage		Injured at home, farm, Industry, public place (where?) Msans of Injury Injured at work?	
19. Oct 12. 19.V6. SVIII Registrar				23. SIGNATURE M. D. OKOTO	2/46

